



# Application Form for Lumpsum / SIP / Folio Creation

Please read instructions before filling the Form

Application No :

## Key Partner / Agent Information

Distributor / Broker ARN ARN -	Sub-Broker ARN Code ARN -	Internal Sub-Broker/Employee Code	Employee Unique Identification No. (EUIIN) <small>(Of Individual ARN holder or Of employee / Relationship Manager / Sales Person of the Distributor)</small>	Registered Investment Advisor Code
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I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker. (Refer Instruction no.1(vii)).

Sign Here Sole/First Applicant/Guardian	Sign Here Second Applicant	Sign Here Third Applicant
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Upfront commission, if any, shall be paid directly by the investor to the AMFI registered distributors based on the investors' assessment of various factors, including the service rendered by the distributor.

**Existing Unitholder** : Pl. fill in Folio Number below and then proceed to section 2.

Folio Number

## Transaction Charges

 (Please tick any one of the below. For details refer KIM)

I am a first time investor in Mutual Funds /  I am an existing investor in Mutual Funds (Default)

- Country of Birth / Citizenship / Nationality or Tax Residency, other than India, for any applicant? (✓):  Yes /  No (Mandatory to ✓). **If yes, please fill FATCA / CRS declaration.**
- NRI investors should mandatorily fill separate FATCA / CRS declarations.**
- Non Individual investors should mandatorily fill separate FATCA / CRS & UBO declarations.**

Name of Sole / First Unitholder

## New Unitholder

1. Applicant's Details	Name (as per PAN)	PAN/KRN & KIN (Mandatory)	Date of Birth
First/Sole	Mr. / Ms. / M/s. City of Birth Country of Birth	PAN/KRN (10 Digit No.) KIN (14 Digit No.)	DDMMYYYY Enclosed (please ✓) <input type="checkbox"/> KYC Proof
Second	No joint holder where minor is first holder City of Birth Country of Birth	PAN/KRN (10 Digit No.) KIN (14 Digit No.)	DDMMYYYY Enclosed (please ✓) <input type="checkbox"/> KYC Proof
Third	No joint holder where minor is first holder City of Birth Country of Birth	PAN/KRN (10 Digit No.) KIN (14 Digit No.)	DDMMYYYY Enclosed (please ✓) <input type="checkbox"/> KYC Proof
Guardian/ Contact Person	(if Sole / First applicant is a Minor) Contact Person (in case of Non-individual Investors only) Relation <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court appointed Guardian	PAN/KRN (10 Digit No.) KIN (14 Digit No.)	DDMMYYYY Enclosed (please ✓) <input type="checkbox"/> KYC Proof
POA Holder	(if the investment is being made by a Constituted Attorney, please furnish the details of POA Holder)	PAN/KRN (10 Digit No.) KIN (14 Digit No.)	DDMMYYYY

Mailing Address: (Address should be as per CKYC records, refer Instruction no. 13(ii))

City PIN  
State  
Tel. No. (Residence) Tel. No. (Office)  
Mobile  
E-mail

Overseas Address: (Mandatory in case of NRI / FII / FPI applicant)

City State/Province  
Country PIN  
Status (✓)  Individual  Minor  Minor-NRI Repatriable  Minor-NRI Non-Repatriable  
 HUF  NRI Repatriable  NRI Non-Repatriable  Partnership  
 LLP  Listed Co.  Unlisted Co.  Body Corporate  
 Society/Club  Trust  FII  FPI  
 AOP  Co. U/S 25/8 of Companies Act  Others \_\_\_\_\_

Mode of Holding (Only for non-demat mode) (✓)  Single  Joint  Anyone or Survivor (Default)

In case of Non-Profit Entity (please ✓)

## 2. KYC Details Mandatory (✓)

Gross Annual Income	First/Sole	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> 1-5 Lacs (Default) <input type="checkbox"/> 25 Lacs - 1 Crore	<input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> > 1 Crore	Net-worth	<input type="text"/> in `	as on	DDMMYYYY	(Not older than 1 year) (Mandatory for Non-individuals)
	Second	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> 1-5 Lacs (Default) <input type="checkbox"/> 25 Lacs - 1 Crore	<input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> > 1 Crore	Net-worth	<input type="text"/> in `	as on	DDMMYYYY	(Not older than 1 year)
	Third	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> 1-5 Lacs (Default) <input type="checkbox"/> 25 Lacs - 1 Crore	<input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> > 1 Crore	Net-worth	<input type="text"/> in `	as on	DDMMYYYY	(Not older than 1 year)
Occupation Details	First/Sole	<input type="checkbox"/> Private Service <input type="checkbox"/> Retired	<input type="checkbox"/> Public Sector / Govt. Service <input type="checkbox"/> Student	<input type="checkbox"/> Business <input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist	<input type="checkbox"/> Housewife <input type="checkbox"/> Others _____ (Please specify)			
	Second	<input type="checkbox"/> Private Service <input type="checkbox"/> Retired	<input type="checkbox"/> Public Sector / Govt. Service <input type="checkbox"/> Student	<input type="checkbox"/> Business <input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist	<input type="checkbox"/> Housewife <input type="checkbox"/> Others _____ (Please specify)			
	Third	<input type="checkbox"/> Private Service <input type="checkbox"/> Retired	<input type="checkbox"/> Public Sector / Govt. Service <input type="checkbox"/> Student	<input type="checkbox"/> Business <input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist	<input type="checkbox"/> Housewife <input type="checkbox"/> Others _____ (Please specify)			
Others (For individuals)	First/Sole	<input type="checkbox"/> Politically Exposed Person	<input type="checkbox"/> Related to Politically Exposed Person	<input type="checkbox"/> Not Applicable					
	Second	<input type="checkbox"/> Politically Exposed Person	<input type="checkbox"/> Related to Politically Exposed Person	<input type="checkbox"/> Not Applicable					
	Third	<input type="checkbox"/> Politically Exposed Person	<input type="checkbox"/> Related to Politically Exposed Person	<input type="checkbox"/> Not Applicable					

Others (For Non-individuals) Is the entity involved in any of the following services

(i) Foreign Exchange/Money Changer Services  Yes  No (ii) Gaming/Gambling/Lottery/Casino Services/Betting Syndicates  Yes  No (iii) Money Lending/Pawning  Yes  No

PAN/KRN (Refer Instruction no. 3), Date of birth is mandatory in case of Minor, additionally refer Instruction no. 2, KYC & Networth (Refer Instruction no. 13 ),

KIN: KYC Identification Number from Central KYC Registry

## Acknowledgement Slip (To be filled by the Applicant)

Application No :

Received from  Date

Towards Subscription under below Schemes

Invesco India	Scheme Name
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Amount (Rs.)  Cheque/DD No.

Signature, Stamp & Date

**3. Investment Details** (Cheque / DD should be drawn in favour of the Scheme. Investors applying under direct plan must mention "Direct" in the box provided below.)

Invesco India	Scheme Name	Plan	Option
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**Payment Details** (For Cash, refer instruction no. 7)

Investment Amt. (Rs.)	DD Charges (Rs.)	Net Amt. (Rs.)	Cheque/DD No./UMRN
Net of DD Charges			
Bank Name		A/c. No.	
Mode of Payment <input checked="" type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> Funds Transfer <input type="checkbox"/> Cash <input type="checkbox"/> NACH		Account Type <input checked="" type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> SNRR <input type="checkbox"/> Others	
Applicable in case of Third Party Payment: Payment on behalf of <input checked="" type="checkbox"/> Minor <input type="checkbox"/> Client <input type="checkbox"/> Employee <input type="checkbox"/> Distributor (Refer instruction no. 6).		PAN/KRN	
Name of the person making payment		Enclosed <input checked="" type="checkbox"/> KYC Proof	

**4. For SIP / Micro SIP for Post Dated Cheques**

<input type="checkbox"/> SIP <input type="checkbox"/> Micro SIP	Refer instruction no. 6	
SIP through Post Dated Cheques (Use CTS (Cheque Truncation System) Cheques only)		
Period From	To	Applicable in case of Third Party Payment: <input type="checkbox"/> Minor <input type="checkbox"/> Client <input type="checkbox"/> Employee <input type="checkbox"/> Distributor
Cheque Nos. From	To	Payment on behalf of <input checked="" type="checkbox"/>
Drawn on Bank	Branch	Name of the person making payment
Frequency <input checked="" type="checkbox"/> Monthly (Default) or <input type="checkbox"/> Quarterly	SIP Date <input checked="" type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 15 <sup>th</sup> (Default) <input type="checkbox"/> 20 <sup>th</sup> <input type="checkbox"/> 25 <sup>th</sup> Or	Enclosed <input checked="" type="checkbox"/> KYC Proof PAN / KRN
		Mention Date of your choice

**5. Demat Account Details**

DP ID #	Beneficiary Account No.	DP Name
I N		<input checked="" type="checkbox"/> NSDL <input type="checkbox"/> CDSL
(# Not applicable in case of CDSL). The details of the Bank Account linked with the Demat A/c as mentioned below should be provided under section 5.		

**6. Bank Account Details (Mandatory As Per SEBI Guidelines)**

Bank A/c. No.	A/c. Type <input checked="" type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> SNRR <input type="checkbox"/> Others
Bank Name	Branch
City	Address
MICR Code	NEFT/RTGS/IFSC Code
(9 digit No. next to your Cheque No.)	PIN
(11 digit character code appearing on cheque leaf)	

Please provide a cancelled cheque leaf of the same bank account as mentioned above. We will credit the redemption/dividend proceeds directly into investors' account through electronic means if the details provided by the investors are sufficient for the same. Mentioning your IFSC will help us transfer the amount to your bank account faster. To receive cheque payout,  If you have provided multiple bank registration form . Unit holders who have opted to hold Units in dematerialised form must provide Bank Account details linked with the Demat account, as mentioned under section 4. In case of discrepancy, bank details as per depository records will be final.

**7. Nomination Details (Mandatory for investors who opt to hold units in non-demat form.)**

	Name	Date of Birth (for minor)	% Share	Relationship	Nominee PAN
Nominee 1		DD MM YYYY			
Nominee 2		DD MM YYYY			
Nominee 3		DD MM YYYY			
Name of Guardian (if Nominee is Minor)		Guardian's Relation (with the minor)		PAN of Guardian	
Address					

I do not intend to nominate  the box, in case you do not wish to nominate

**8. Declaration & Signature(s)**

<p>The Trustees, Invesco Mutual Fund Having read and understood the contents of the Statement of Additional Information / Scheme Information Document(s) of the scheme, I/ We hereby apply to the Trustees of Invesco Mutual Fund for units of the Scheme / Option as indicated above and agree to abide by the terms, conditions, rules and regulations of the Scheme. I/ We have understood the details of the Scheme and I/ We have not received nor have been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We do not have any existing Micro Investments which together with the current Micro Investment application will result in aggregate investments exceeding Rs. 50,000/- in a year (applicable to Micro Investment investors only). The Distributor has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/ We hereby authorise Invesco Mutual Fund, its Investment Manager and its Agents to disclose details of my / our investment to my / our bank(s) / Invesco Mutual Fund's Bank(s) and / or Distributor / Broker/ Investment Advisor and to verify my/ our bank details provided by me / us. I / We hereby declare that the particulars given above are correct. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold Invesco Asset Management (India) Pvt. Ltd. (Investment Manager to Invesco Mutual Fund), their appointed service providers</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If NRI <input checked="" type="checkbox"/> Repatriation basis <input type="checkbox"/> Non-Repatriation basis</p> <p>Date DD MM YYYY Place</p>	<p>or representatives responsible. I / We will also inform Invesco Asset Management (India) Pvt. Ltd., about any changes in my/ our bank account. I / We hereby declare that the amount being invested by me / us in the Scheme of Invesco Mutual Fund is derived through legitimate sources and is not held or designed for the purpose of contravention of any Act, Rules, Regulations or any statute or legislation or any other applicable laws or any Notifications, Directions issued by any governmental or statutory authority from time to time.</p> <p>I / We confirm that I / We are not United States person(s) under the laws of United States or residents(s) of Canada as defined under the applicable laws of Canada. Applicable to KRN holders : I, the first / sole holder hereby declare that I do not hold a Permanent Account Number and hold only a single 'PAN exempt KRN' issued by KRA and that my existing investment in schemes of Invesco Mutual Fund together with current application will not result in aggregate investments exceeding Rs. 50,000/- in a rolling 12 months period or in a financial year i.e. April to March. Applicable to NRIs only : I / We confirm that I am / we are Non-Residents of Indian Nationality /Origin and that the funds are remitted from abroad through approved banking channels or from my /our NRE / NRO / FCNR/ SNRR Account. I / We confirm that the details provided by me / us are true and correct.</p>
<p>Sole / First Applicant / Guardian / POA</p> <p>Second Applicant / POA</p> <p>Third Applicant / POA</p>	<p></p> <p></p> <p></p>

**GET IN TOUCH**

Invesco Mutual Fund  
 2101-A, A Wing, 21st Floor, Marathon Futurex, N. M. Joshi Marg,  
 Lower Parel, Mumbai - 400 013.  
 T +91 22 67310000 F +91 22 23019422  
 call : 1800-209-0007 > sms 'Invest' to 56677 > Invest Online www.invescomutualfund.com

# Systematic Investment Plan (SIP) Registration cum mandate form for NACH/Direct Debit/ECS

New Investors are requested to fill-in the scheme application form also

## Key Partner / Agent Information

Distributor / Broker ARN ARN -	Sub-Broker ARN Code ARN -	Internal Sub-Broker/Employee Code	Employee Unique Identification No. (EUIIN) <small>(Of individual ARN holder or Of employee / Relationship Manager / Sales Person of the Distributor)</small>	Registered Investment Advisor Code
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For details on transaction charges payable to distributors, please refer to KIM.

I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

Sign Here Sole/First Applicant/Guardian	Sign Here Second Applicant	Sign Here Third Applicant
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Upfront commission, if any, shall be paid directly by the investor to the AMFI registered distributors based on the investors' assessment of various factors, including the service rendered by the distributor.

New SIP  Micro SIP

## 1. Investment and SIP Details

(Investors applying under the direct plan must mention "Direct" against Scheme name.)

First / Sole Investor  
Name

Application No. (New Investor)  Folio No.(Existing Unitholder)

PAN / KRN  Enclosed  KYC Proof

Existing UMRN  SIP Reference No.

Scheme  Scheme Name  Plan  Dividend Frequency

Each SIP Amount (Rs.)

SIP Date  3<sup>rd</sup>  10<sup>th</sup>  15<sup>th</sup>  20<sup>th</sup>  25<sup>th</sup> or  Frequency  Monthly (Default)  Quarterly (Jan, April, July, Oct)

SIP Period Start From  End On   Till Further Notice

**SIP Top-Up (Optional)**  
Top-up Amount Rs.  Top Start Month   
Frequency  Half Yearly  Yearly (Default) Top Cap Month - Year

## 2. Demat Account Details (Optional)

Please  NSDL  CDSL

DP ID #  Beneficiary Account No.  DP Name

(Applicable only to existing investors for fresh SIP enrolment.)

## 3. First SIP Transaction

Cheque No.  Cheque Date  Amount (Rs.)

Bank  Bank A/c. No.

## 4. Particulars of Bank Account (For Direct Debit/ECS)

Bank Name  Bank Account Number

Name as per Bank record  Maximum Amount

9 Digit MICR Code  (Please enter the 9 digit number that appears next to the cheque number). In case of At Par accounts, kindly provide the correct MICR number of the bank branch.

**Declaration :** I/We have read and understood the contents of the Scheme Information Document(s) and Statement of Additional Information and the terms & conditions of SIP enrolment through Direct Debit/ECS/NACH and agree to abide by the same. I/We hereby apply to the Trustee of Invesco Mutual Fund for enrolment under the SIP of the following Scheme(s)/ Plan(s) / Option(s) and agree to abide by the terms and conditions of the same. I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in Direct Debit/ECS/NACH. I/We authorise the bank to honour the instructions as mentioned in the application form. I/We also hereby authorise bank to debit charges towards verification of this mandate, if any. I/We agree that Invesco Asset Management (India)/Mutual Fund (including its affiliates), and any of its officers directors, personnel and employees, shall not be held responsible for any delay/wrong debits on the part of the bank for executing the direct debit instructions of additional sum on a specified date from my account. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. The ARN holder has disclosed to me/us all the commissions(in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

<input checked="" type="checkbox"/> First Account Holder Signature (As in Bank Records)	<input checked="" type="checkbox"/> Second Account Holder Signature (As in Bank Records)	<input checked="" type="checkbox"/> Third Account Holder Signature (As in Bank Records)
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UMRN  Date

Sponsor Bank Code

(Please ) I/We hereby authorize   SB  CA  CC  SB-NRE  SB-NRO  Others\_\_\_\_\_

Bank Account Number

with Bank  IFSC  Or MICR

an amount of Rupees  In Words  ₹ In Figures

Frequency :  Monthly  Quarterly  Half Yearly  Yearly  As & when presented Debit Type :  Fixed Amount  Maximum Amount

Folio No.  Phone

PAN  E-mail

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the banks.

PERIOD	From <input type="text" value="DD MM YYYY"/>	<input checked="" type="checkbox"/> Signature of Primary Bank Account Holder	<input checked="" type="checkbox"/> Signature of Bank Account Holder	<input checked="" type="checkbox"/> Signature of Bank Account Holder
	To <input type="text" value="DD MM YYYY"/>	1 Name as in bank records	2 Name as in bank records	3 Name as in bank records
	Or <input type="checkbox"/> Until Cancelled			

This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorised to cancel / amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/Corporate or the bank where I have authorised debit.



# FATCA & CRS Annexure - Individual Accounts

(Including Sole Proprietor)

(Please consult your professional tax advisor for further guidance on your tax residency, if required) (Refer instructions)

## FATCA & CRS Information (Self Certification)

Name

Gender    PAN           Occupation Type

Father's Name

Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes

Type of address given at KRA  Residential  Business  Registered Office

Documents required, if PAN not provided   Passport  Election ID Card  Govt. ID Card  Driving License  UIDAI Card  NREGA Job Card  Others

Date of Birth         City of Birth

Country of Birth  Nationality

Are you a tax resident of any country other than India?  Yes  No

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

Country of Tax Residency <sup>1</sup>	Tax Identification Number <sup>1</sup>	Identification Type (TIN or Others, please specify)

<sup>1</sup> To also include USA, where the individual is a citizen / green card holder of The USA  
<sup>2</sup> In case Tax Identification Number is not available, kindly provide its functional equivalent <sup>3</sup>

## Certification

I/We have read and understood the information requirements and the Terms and Conditions mentioned in this Form (read alongwith the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete. I/We hereby agree and confirm to inform Invesco Asset Management (India) Private Limited/Invesco Mutual Fund/ Trustees for any modification to this information promptly.

## Authorised Signatory

Date

Place

## FATCA & CRS Terms & Conditions

Details under FATCA& CRS: The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income- tax Rules, 1962, which require Indian financial institutions to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our unit holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. Please note that you may receive more than one request for information if you have multiple relationships with Invesco Asset Management (India) or our group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.



# FATCA & CRS Instructions

Category (✓)

- Unlisted Company  
  Partnership Firm  
  Limited Liability Partnership Company  
  Unincorporated association / body of individuals  
 Religious Trust  
  Private Trust  
  Public Charitable Trust  
  Others \_\_\_\_\_

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s) (Please attach additional sheets, if necessary)

Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E (Refer 3(vi) of Part C)

Details	UBO 1	UBO 2	UBO 3
Name of UBO			
UBO Code (Refer 3(iv) (A) of Part C)			
Country of Tax Residency <sup>6</sup>			
PAN <sup>7</sup>			
Address	Address, Zip, State, Country	Address, Zip, State, Country	Address, Zip, State, Country
Address Type	Residence/Business/Registered office	Residence/Business/Registered office	Residence/Business/Registered office
Tax ID <sup>2</sup>			
Tax ID Type			
City of Birth			
Country of Birth			
Occupation Type	Service/Business/Others	Service/Business/Others	Service/Business/Others
Nationality			
Father's Name			
Gender	Male/Female /Others	Male/Female /Others	Male/Female /Others
Date of Birth			
Percentage of Holding (%)			

<sup>2</sup> It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form

<sup>6</sup> Country of Tax Residency is mandatory for all and if the controlling person is a US citizen or green card holder, please mention U.S.A

<sup>7</sup> If UBO is KYC compliant, KYC proof to be enclosed. Else PAN or any other valid identity proof must be attached. Position/Designation like Director/Settlor of Trust/Protector of Trust to be specified wherever applicable.

## FATCA - CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with Invesco Asset Management (India) or our group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.

## Certification

I/We have read and understood the information requirements and the Terms and Conditions mentioned in this Form (read alongwith the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete. I/We hereby agree and confirm to inform Invesco Asset Management (India) Private Limited/Invesco Mutual Fund/ Trustees for any modification to this information promptly.

Name

Designation

### Authorised Signatory

Date 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Place