

Application Form for Lumpsum/SIP/Folio Creation

Please refer instructions before filling the form

Application No :

I/We hereby confirm that the EUIN 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. 1vii).

Key Partner/Agent Information

Mutual Fund Distributor ARN ARN-153155	Sub-Broker ARN Code ARN -	Internal Sub-Broker/Employee Code
Employee Unique Identification No. (EUIN) E-271894	Registered Investment Advisor (RIA) Code / Portfolio Manager's Registration Number (PMRN)	

Sign Here - Sole/First Applicant/Guardian/POA

Existing Unitholder: Please fill in Folio Number below and then proceed to section 2

Folio Number

Name of Sole / First Unitholder

Sign Here - Second Applicant

New Unitholder

1. Applicant Details

Sign Here - Third Applicant

Status (✓)

<input type="checkbox"/> Individual	<input type="checkbox"/> Minor
<input type="checkbox"/> HUF	<input type="checkbox"/> NRI Repatriable
<input type="checkbox"/> LLP	<input type="checkbox"/> Listed Co.
<input type="checkbox"/> Society/Club	<input type="checkbox"/> Trust
<input type="checkbox"/> AOP	<input type="checkbox"/> Co. U/S 25/8 of Companies Act
<input type="checkbox"/> Minor-NRI Repatriable	<input type="checkbox"/> Partnership
<input type="checkbox"/> Minor-NRI Non-Repatriable	<input type="checkbox"/> Body Corporate
<input type="checkbox"/> NRI Non-Repatriable	<input type="checkbox"/> FPI
<input type="checkbox"/> Unlisted Co.	<input type="checkbox"/> Others _____

In case of Non-Profit Entity*
* refer point no 20

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

First/Sole⁺ (Name as per PAN records)

Father Name Mother Name

PAN/PEKRN⁺ **Date of Birth⁺**

KIN Enclosed KYC Proof

Gross Annual Income⁺ Below 1 Lakh 1-5 Lakhs 5-10 Lakhs 10-25 Lakhs 25 Lakhs - 1 Crore > 1 Crore

Net-worth in Rs. **As on (date within last 1 year)** (Mandatory for Non-Individuals)

Occupation Details Private Service Pub. Sector / Govt. Serv. Professional Business **Others** Politically Exposed Person (PEP) Retired Student Agriculturist Forex Dealer (For Related to PEP Housewife Others _____ (Please specify) individuals) Not Applicable (Default)

Second⁺⁺ (Name as per PAN records)

Father Name Mother Name

PAN/PEKRN⁺ **Date of Birth⁺**

KIN Enclosed KYC Proof

Gross Annual Income⁺ Below 1 Lakh 1-5 Lakhs 5-10 Lakhs 10-25 Lakhs 25 Lakhs - 1 Crore > 1 Crore

Net-worth in Rs. **As on (date within last 1 year)** (Mandatory for Non-Individuals)

Occupation Details Private Service Pub. Sector / Govt. Serv. Professional Business **Others** Politically Exposed Person (PEP) Retired Student Agriculturist Forex Dealer (For Related to PEP Housewife Others _____ (Please specify) individuals) Not Applicable (Default)

Relationship with First Holder Relative[^] Mutual Fund Distributor

Third⁺⁺ (Name as per PAN records)

Father Name Mother Name

PAN/PEKRN⁺ **Date of Birth⁺**

KIN Enclosed KYC Proof

Gross Annual Income⁺ Below 1 Lakh 1-5 Lakhs 5-10 Lakhs 10-25 Lakhs 25 Lakhs - 1 Crore > 1 Crore

Net-worth in Rs. **As on (date within last 1 year)** (Mandatory for Non-Individuals)

Occupation Details Private Service Pub. Sector / Govt. Serv. Professional Business **Others** Politically Exposed Person (PEP) Retired Student Agriculturist Forex Dealer (For Related to PEP Housewife Others _____ (Please specify) individuals) Not Applicable (Default)

Relationship with First Holder Relative[^] Mutual Fund Distributor

Others (For Non-individuals) Is the entity involved in any of the following services (i) Foreign Exchange/Money Changer Services Yes No (Default) (ii) Gaming/Gambling/Lottery/Casino Services/Betting Syndicates Yes No (Default) (iii) Money Lending/Pawning Yes No (Default)

Instructions

* No joint holder to be mentioned where minor is first holder.

^ Relative shall be namely, Spouse; Father and Mother; Son and his wife; Daughter and her husband; Brother, Sister, stepfather, stepmother, stepson, stepbrother and stepsister

I/ We hereby declare and confirm that the name of joint holder (2nd / 3rd holder) has been added with my/our knowledge and consent.

All fields marked with "+" are mandatory to be filled by the unitholder(s).

6. Nomination Details (Mandatory)

Refer Instruction no. 10

(Please fill the appropriate section and strike out the other section which is not applicable.)

If application form is being signed by POA Holder, the unitholder(s) have to mandatory sign this section of Nomination Details.

SECTION A

I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death.

	Nominee 1	Nominee 2	Nominee 3
Nominee Name*			
Nominee PAN			
Nominee Relationship*			
% of allocation*			
DOB of Nominee*#			
Name of the Guardian (For minor as nominee)*#			
Guardian PAN			
Guardian Relationship with nominee	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian
Proof of Relationship	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Passport <input type="checkbox"/> Others _____	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Passport <input type="checkbox"/> Others _____	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Passport <input type="checkbox"/> Others _____
Complete address inc. City, State and PIN code			
Email ID			
Mobile/ Phone No.			
Enclosed proof of identity			
Nominee / Guardian Sign.			

applicable in case the Nominee is a Minor. (Also, please attach a copy of the minor's birth certificate).
Fields marked with "*" are mandatory to be filled.

SECTION B (Declaration Form for opting out of nomination)

I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our MF folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our MF Folio, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the MF Folio.


Signature of Sole/First Applicant/Guardian


Signature of the 2nd unitholder


Signature of the 3rd unitholder

7. FATCA & CRS - Self Certification for Individuals Only (Non Individual Investors should mandatorily fill separate FATCA – CRS Annexure).

Address Type² Residential Business Registered Office

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

If 'YES', please fill for ALL countries (other than India) in which you are a Resident for tax purposes i.e., where you are a Citizen / Resident / Green Card holder / Tax Resident in the respective countries

Category	First Applicant	Second Applicant	Third Applicant
City Of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of Tax Residency ³	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax Identification No. ⁴	<input type="text"/>	<input type="text"/>	<input type="text"/>
Identification Type (TIN or others, please specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>
If TIN is not available, please ✓ the reason A, B or C	→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

Reason A → The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.

Reason B → No TIN required. (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected.

Reason C → Others; please state the reason thereof.

8. Declaration

The Trustees, Invesco Mutual Fund

Having read and understood the contents of the Statement of Additional Information/Scheme Information Document(s) of the respective schemes,

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 give my consent to AMC and its agents / Registrar to contact me over phone, SMS, email or any other mode to address my investment related queries and/or receive communication pertaining to transactions/ non-commercial transactions/ promotions/ potential investments and other communication/ material irrespective of my blocking preferences with the Customer Preference Registration Facility. I / We declare that the email address and mobile number provided is of the primary / joint unitholder(s) / Family member (spouse, dependent children or dependent parents) and not of

any third party. 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 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 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. 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 PEKRN holders: I, the first/sole holder hereby declare that I do not hold a Permanent Account Number and hold only a single 'PAN exempt PEKRN' 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.

Yes No

If NRI : Repatriation basis Non-Repatriation basis

Sole/First Applicant/Guardian	Second Applicant	Third Applicant
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Date

Place

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

New Investors are requested to fill-in the scheme application form also. Application No :

I/We hereby confirm that the EUIN 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.

Key Partner/Agent Information

Mutual Fund Distributor ARN ARN-153155	Sub-Broker ARN Code ARN -	Internal Sub-Broker/ Employee Code
Employee Unique Identification No. (EUIN) E-271894	Registered Investment Advisor (RIA) Code/ Portfolio Manager's Registration Number (PMRN)	

Sign Here - Sole/First Applicant/Guardian/POA

Sign Here - Second Applicant

Sign Here - Third Applicant

- 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

Instructions

IDCW - Income Distribution cum capital withdrawal Option

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

¹Investors applying under the direct plan must mention "Direct" against Scheme name.

²The SIP Form should be submitted at least 30 Calendar days before the first SIP debit date.

+ Mandatory

1. Applicant Details

First/Sole+ (Name as per PAN records) (Mr./ Ms./ M/s.)		
Application No. (New Investor)	Folio No. (Existing Unitholder)	
PAN/PEKRN+	Enclosed KYC Proof <input type="checkbox"/>	
KIN		
UMRN No.		

2. Investment and SIP Details¹

	Scheme 1	Scheme 2	Scheme 3
Scheme	Invesco India	Invesco India	Invesco India
Plan			
Option			
IDCW Frequency			
SIP Date ²	Any Date: 1-28; Default -15 th	Any Date: 1-28; Default -15 th	Any Date: 1-28; Default -15 th
Frequency	<input type="checkbox"/> Monthly (Default) or <input type="checkbox"/> Quarterly (Jan, Apr, July, Oct)	<input type="checkbox"/> Monthly (Default) or <input type="checkbox"/> Quarterly (Jan, Apr, July, Oct)	<input type="checkbox"/> Monthly (Default) or <input type="checkbox"/> Quarterly (Jan, Apr, July, Oct)
SIP Period	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
It is mandatory to mention the From & To date, and tenure of SIP should be less than or equal to 40 years.			
SIP Amount (Rs.)			
Total SIP amount (Rs.)			Cheque No. <input type="text"/>
Bank A/c. No.		Bank Name	<input type="text"/>
SIP Top-Up (Optional)			
Top-up Amount Rs.			
Top-up Start Month	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Frequency	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (Default)	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (Default)	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (Default)
Top-up End Month	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

NACH/Auto Debit Mandate (Applicable for SIP Registration)

UMRN	<input type="text"/>	For Office Use only	Date	<input type="text"/>
Sponsor Bank Code	<input type="text"/>		<input checked="" type="checkbox"/> Create	<input checked="" type="checkbox"/> Modify
Utility Code	<input type="text"/>	For Office Use only	I/We hereby authorize Invesco Mutual Fund	
To debit (✓)	<input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> Others	Bank Account No.	<input type="text"/>	
with Bank	Name of customers bank		IFSC / MICR	<input type="text"/>
An amount of Rupees	<input type="text"/>	In Words	₹	In Figures <input type="text"/>
Debit Type :	<input checked="" type="checkbox"/> Fixed Amount	<input checked="" type="checkbox"/> Maximum Amount	Frequency:	<input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Half Yearly <input checked="" type="checkbox"/> Yearly <input checked="" type="checkbox"/> As & when presented
Folio No.	<input type="text"/>		PAN	<input type="text"/>

1. 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 bank. 2. 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.

PERIOD	Maximum period of mandate validity of this mandate is 40 years only		
From	<input type="text"/>	<input type="text"/>	<input type="text"/>
To	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maximum period of mandate validity of this mandate is 40 years only	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature of Primary Bank Account Holder Signature of Bank Account Holder Signature of Bank Account Holder

Name as in bank records Name as in bank records Name as in bank records

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

New Investors are requested to fill-in the scheme application form also. Application No :

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Sign Here - Sole/First Applicant/Guardian/POA

Sign Here - Second Applicant

Sign Here - Third Applicant

- 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
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Instructions

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²The SIP Form should be submitted at least 30 Calendar days before the first SIP debit date.

+ Mandatory

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Application No. (New Investor)	Folio No. (Existing Unitholder)	
PAN/PEKRN+	Enclosed KYC Proof <input type="checkbox"/>	
KIN		
UMRN No.		

2. Investment and SIP Details¹

	Scheme 1	Scheme 2	Scheme 3
Scheme	Invesco India	Invesco India	Invesco India
Plan			
Option			
IDCW Frequency			
SIP Date ²	<input type="text"/> Any Date: 1-28; Default -15 th	<input type="text"/> Any Date: 1-28; Default -15 th	<input type="text"/> Any Date: 1-28; Default -15 th
Frequency	<input type="checkbox"/> Monthly (Default) or <input type="checkbox"/> Quarterly (Jan, Apr, July, Oct)	<input type="checkbox"/> Monthly (Default) or <input type="checkbox"/> Quarterly (Jan, Apr, July, Oct)	<input type="checkbox"/> Monthly (Default) or <input type="checkbox"/> Quarterly (Jan, Apr, July, Oct)
SIP Period	From <input type="text"/> To <input type="text"/>	From <input type="text"/> To <input type="text"/>	From <input type="text"/> To <input type="text"/>
It is mandatory to mention the From & To date, and tenure of SIP should be less than or equal to 40 years.			
SIP Amount (Rs.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total SIP amount (Rs.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank A/c. No.	<input type="text"/>	Bank Name	<input type="text"/>
SIP Top-Up (Optional)			
Top-up Amount Rs.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Top-up Start Month	<input type="text"/>	<input type="text"/>	<input type="text"/>
Frequency	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (Default)	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (Default)	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (Default)
Top-up End Month	<input type="text"/>	<input type="text"/>	<input type="text"/>

NACH/Auto Debit Mandate (Applicable for SIP Registration)

UMRN	<input type="text"/>	For Office Use only	Date	<input type="text"/>
Sponsor Bank Code	<input type="text"/>		<input checked="" type="checkbox"/> Create	<input checked="" type="checkbox"/> Modify
Utility Code	<input type="text"/>	For Office Use only	I/We hereby authorize Invesco Mutual Fund	
To debit (✓)	<input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> Others	Bank Account No.	<input type="text"/>	
with Bank	<input type="text"/>	Name of customers bank	IFSC / MICR	<input type="text"/>
An amount of Rupees	<input type="text"/>	In Words	₹	<input type="text"/>
Debit Type :	<input checked="" type="checkbox"/> Fixed Amount	<input checked="" type="checkbox"/> Maximum Amount	Frequency:	<input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Half Yearly <input checked="" type="checkbox"/> Yearly <input checked="" type="checkbox"/> As & when presented
Folio No.	<input type="text"/>		PAN	<input type="text"/>

1. 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 bank. 2. 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.

PERIOD	Maximum period of mandate validity of this mandate is 40 years only		
From	<input type="text"/>	To	<input type="text"/>
Signature of Primary Bank Account Holder	<input type="text"/>	Signature of Bank Account Holder	<input type="text"/>
Signature of Bank Account Holder	<input type="text"/>	Signature of Bank Account Holder	<input type="text"/>
Mobile	<input type="text"/>	Name as in bank records	<input type="text"/>

Know Your Customer (KYC) Application Form | Individual

Important Instructions:

- A. Fields marked with "*" are mandatory fields.
- B. Tick " " wherever applicable.
- C. Please fill the form in English and BLOCK letters.
- D. Please fill the date in DD-MM-YY format.
- E. For particular section update, please tick () in the box section number and strike off the sections not required to be updated.
- F. Please read section wise detailed guide
- G. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- H. List of two character ISO 3166 country codes is available at the end.
- I. KYC number of applicant is mandatory for update application.
- J. The 'OTP based E-KYC' check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode

For office use only (To be filled by financial institution)	Application Type*	<input type="checkbox"/> New	<input type="checkbox"/> Update	
	KYC Number	(Mandatory for KYC update request)		
	Account Type*	<input type="checkbox"/> Normal	<input type="checkbox"/> Minor	<input type="checkbox"/> Aadhaar OTP based E-KYC (in non-face to face mode)

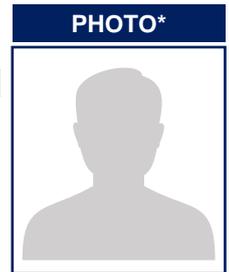
1. Personal Details (Please refer instruction A at the end)

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T- Transgender	
PAN*	<input type="text"/>	<input type="checkbox"/> FORM 60 furnished		
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others – Country _____	Country Code <input type="text"/>	
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin

2. PROOF OF IDENTITY AND ADDRESS* (Please refer instruction B at the end)

Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A-Passport Number Passport Expiry Date
- B-Voter ID Card
- C-Driving Licence Driving Licence Expiry Date
- D-NREGA Job Card
- E-National Population Register Letter
- F-Proof of Possession of Aadhaar No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer
- II E-KYC Authentication No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer
- III Offline verification of Aadhaar No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer



Signature /Thumb Impression across photo without covering the face

Address [For other than resident Individual, please mention Overseas Address]

Line 1*	<input type="text"/>		
Line 2	<input type="text"/>		
Line 3	<input type="text"/>		City/Town/Village* <input type="text"/>
District*	<input type="text"/>	Pin/Post Code* <input type="text"/>	State/U.T Code* <input type="text"/> ISO 3166 Country Code* <input type="text"/>

3. CURRENT ADDRESS DETAILS (Please refer instruction B at the end)

- Same as above mentioned address (In such cases address details as below need not be provided)
- I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A-Passport Number
- B-Voter ID Card
- C-Driving Licence
- D-NREGA Job Card
- E-National Population Register Letter
- F-Proof of Possession of Aadhaar No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer
- II E-KYC Authentication No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer
- III Offline verification of Aadhaar No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer
- IV Deemed Proof of Address – Document Type code

Address

Line 1*	<input type="text"/>		
Line 2	<input type="text"/>		
Line 3	<input type="text"/>		City/Town/Village* <input type="text"/>
District*	<input type="text"/>	Pin/Post Code* <input type="text"/>	State/U.T Code* <input type="text"/> ISO 3166 Country Code* <input type="text"/>



FATCA-CRS Declaration & Supplementary KYC Information Declaration Form for Individuals

Please seek appropriate advice from your tax professional on your tax residency, related FATCA & CRS guidance

PAN / PEKRN*									
Name									
Address Type <i>[for KYC address]</i>		<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business			Nationality		<input type="checkbox"/> Indian <input type="checkbox"/> US <input type="checkbox"/> Others <i>(please specify)</i>		
Place of Birth					Country of Birth				
Gross Annual Income Details in INR		<input type="checkbox"/> Below 1 Lakh <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Cr <input type="checkbox"/> > 1 Crore			Occupation Details [Please tick any one (√)]		<input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others [Please specify] _____		
Net Worth in INR. In Lacs & Date <i>[Optional]</i>		_____ dd-mmm-yyyy							
Politically Exposed Person [PEP]		<input type="checkbox"/> Yes <input type="checkbox"/> Related to PEP <input type="checkbox"/> Not Applicable			Any other information <i>[if applicable]</i>		<i>[Please specify]</i>		

Are you a tax resident (i.e. are you assessed for Tax) in any other country other than India? Yes No

If 'Yes', please fill for all countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen / Resident / Green Card Holder / Tax Resident in the respective countries

S. No.	Country of Tax Residency	Tax Identification Number (TIN) or Functional Equivalent	Identification Type <i>[TIN or other, please specify]</i>	If TIN is not available, please tick <input checked="" type="checkbox"/> the reason A, B or C <i>[as defined below]</i>
1				→ Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
2				→ Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

- Reason A → The country where the Account Holder is liable to pay tax does not issue TIN to its residents.
- Reason B → No TIN required *[Select this reason only if the authorities of the respective country of tax residence do not require the TIN to be collected]*
- Reason C → Others – Please specify the reasons _____

Declaration:

I acknowledge and confirm that the information provided above is true and correct to the best of my knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/ am aware that I may liable for it. I hereby authorize you [KFIN/Fund/AMC] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to / any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me of the same. Further, I authorize to share the given information to other SEBI Registered Intermediaries/or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days and also undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities. I/We authorize Fund/AMC/RTA to provide relevant information to upstream payors to enable withholding to occur and pay out any sums from my account or close or suspend my account(s) without any obligation of advising me of the same. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions given below and hereby accept the same

Date:
Place:

Signature:

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Acknowledgement

We [KFIN, on behalf of participating Mutual Funds] acknowledge the receipt of FATCA/CRS declaration form duly filled and signed from Mr. / Ms. / M/s. _____ PAN _____ on dd-mmm-yyyy

Date:

Signature with Name, Emp. ID & Seal