

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual

Important Instructions:

A) Fields marked with '*' are mandatory fields.

B) Please fill the form in English and in BLOCK letters.

- C) Please fill the date in DD-MM-YYYY format.
- D) Please read section wise detailed guidelines / instructions at the end.

E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.

F) List of two character ISO 3166 country codes is available at the end.

G) KYC number of applicant is mandatory for update application.

H) For particular section update, please tick (\checkmark) in the box available before the section number and strike off the sections not required to be updated.

South Gujarat ARN: 54854

For office use only (To be filled by financial institu	Application Type* New	☐Update (Mandatory for KYC update	request)
	Account Type* Norma	al ☐ Simplified (for low risk customers) ☐ Small	
☐ 1. PERSONAL DETAI	LS (Please refer instruction A at the end	d)	
☐ Name* (Same as ID proof Maiden Name (If any*) Father / Spouse Name* Mother Name*	Prefix First Name	Middle Name	Last Name
Date of Birth*	D D — M M — Y Y Y Y		РНОТО
Gender*	☐ M- Male	☐ F- Female ☐ T-Transgender	
Marital Status*	☐ Married	☐ Unmarried ☐ Others	
Citizenship*	☐ IN- Indian	Others (ISO 3166 Country Code)	
Residential Status*	☐ Resident Individual ☐ Foreign National	☐ Non Resident Indian ☐ Person of Indian Origin	
Occupation Type*	 S-Service (☐ Private Sector O-Others (☐ Professional B-Business X- Not Categorised 	□ Public Sector □ Government Sector) □ Self Employed □ Retired □ Housewife □ Student)	Signature / Thumb Impression
ADDITIONAL DETAILS RE ISO 3166 Country Code of	EQUIRED* (Mandatory only if section 2 is	POSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer insisticked) ISO 3166 Country Code of Birth*	ruction B at the end)
☐ 3. PROOF OF IDENTI	ITY (Pol)* (Please refer instruction C at	the end)	
(Certified copy of <u>any one</u> of the A- Passport Number ☐ B- Voter ID Card ☐ C- PAN Card	ne following Proof of Identity[Pol] needs to		M — Y Y Y Y
□ D- Driving Licence □ E- UID (Aadhaar) □ F- NREGA Job Card		Driving Licence Expiry Date DD — M	M — Y Y Y Y
` *	t notified by the central government) s Account - Document Type code	Identification Number Identification Number	
4. PROOF OF ADDR	ESS (PoA)*		
_	NENT / OVERSEAS ADDRESS DETAILS	(Please see instruction D at the end)	
_	ne following Proof of Address [PoA] needs		
Proof of Address*	•	ng Licence UID (Aadhaar) GA Job Card Others	Unspecified
Address			
Line 1*			
Line 2			
Line 3 District*	Pin / Post Code	City / Town / Village* * State / U.T Code* ISO 3166 C	Country Code*

_	E / LOCAL ADD								
Same as Current / Perma	anent / Overseas	s Address de	etails (In c	ase of multipl	e correspond	lence / local ad	ddresses, pleas	se fill 'Annexure A1')	
Line 1*									
Line 2									
Line 3							_	n / Village*	
District*		Pi	n / Post C	Code*		State / U	J.T Code*	ISO 3166 Country C	ode*
	I I DIODIOTION F	NETA II O 14/1		LICANTIC	FOIDENT OF	ITOIDE INIDIA	500 TAV 0110	D0050*/A !: II '/ /: 0	· · · · · · · · · · · · · · · · · · ·
				LICANT IS RI	_			POSES* (Applicable if section 2	s ticked)
Same as Current / Perma	anent / Overseas	s Address de	etails		Same as	Corresponden	ce / Local Addr	ess details	
Line 1*									
Line 2	++++						0: / T	/ \ / \ / \ \ \ \ \ \ \ \	
Line 3					71D / D	. 0 . 1 . *	City / Town	_	ala*
State*					ZIP / Pos	st Code"		ISO 3166 Country Co	oue
☐ 5. CONTACT DETAILS	(All communicat	tions will be s	ent on prov	ided Mobile no	/ Fmail-ID) (Please refer inst	truction F at the	end)	
	(/ 00/////				., 2	10000 10101 1110			
Tel. (Off)			Tel. (Mob	ile — — —	
FAX			Emai	I ID					
6. DETAILS OF RELAT	TED PERSON	(In case of a	dditional re	lated persons.	please fill 'Anı	nexure B1') (ple	ease refer instruc	ction G at the end)	
Addition of Related Person	Deletion of						n (if available*)		
Related Person Type*	☐ Guardian	of Minor		Assignee			zed Represent	tative	
	Prefix		First Name			Middle N	ame	Last Name	
Name*									
	(If KYC numbe	r and name a	are provided	l, below details	of section 6 a	are optional)			
PROOF OF IDENTITY [Po	I] OF RELATED F	PERSON* (P	ease see in	struction (H) a	t the end)				
☐ A- Passport Number						Passport E	Expiry Date	D D — M M — Y Y	YY
☐ B- Voter ID Card									
C- PAN Card									
☐ D- Driving Licence						D	=	5.4. [-] [14] [14]	T., 1 v
_						Driving Lic	ence Expiry i	Date DD - MM - YY	YY
☐ E- UID (Aadhaar)									
☐ F- NREGA Job Card									
Z- Others (any docume	-	_				Ider	ntification Nur	mber	
S- Simplified Measure	s Account - D	ocument 1	ype code	9		lder	ntification Nur	mber	
☐ 7. REMARKS (If any)									
8. APPLICANT DEC	LARATION								
I hereby declare that the details fur									
therein, immediately. In case any o	if the above informatio	n is found to be	alse or untrue	or misleading or n	nisrepresenting, I	am aware that I ma	v be held liable		
for it.							,		
for it.	nation from Central K	YC Registry thro	ugh SMS/Ema	il on the above rec	istered number/e		,		
for it. I hereby consent to receiving inform	mation from Central KY			il on the above reg	jistered number/e			[Signature / Thumb Impression of	
for it.			ugh SMS/Ema	il on the above reg	istered number/e				
for it. I hereby consent to receiving inform	YYYY	Pla		il on the above reg	istered number/e				
for it. I hereby consent to receiving inform Date: DD — M M — 9. ATTESTATION / FO	OR OFFICE U	Pla SE ONLY		il on the above reg	istered number/e				
for it. I hereby consent to receiving inform Date: DD — M M — 9. ATTESTATION / FO	OR OFFICE US	Pla SE ONLY Dies	ice:	il on the above reg	istered number/e			Signature / Thumb Impression of	
for it. I hereby consent to receiving inform Date: DD M M — 9. ATTESTATION / FO Documents Received KYC VER	OR OFFICE U	Pla SE ONLY Dies	ice:	il on the above reg					
for it. I hereby consent to receiving inform Date: DD — M M — 9. ATTESTATION / FO	OR OFFICE US	Pla SE ONLY Dies	ice:	il on the above reg	istered number/e			Signature / Thumb Impression of	
for it. I hereby consent to receiving inform Date: DD — M M — 9. ATTESTATION / FO Documents Received KYC VER Date Emp. Name	OR OFFICE US	Pla SE ONLY Dies	ice:	il on the above reg				Signature / Thumb Impression of	
for it. I hereby consent to receiving inform Date: DD — M M — 9. ATTESTATION / FO Documents Received KYC VER	OR OFFICE US	Pla SE ONLY Dies	ice:	il on the above reg	Name			Signature / Thumb Impression of	
for it. I hereby consent to receiving inform Date: 9. ATTESTATION / FO Documents Received KYC VER Date Emp. Name	OR OFFICE US	Pla SE ONLY Dies	ice:	il on the above reg	Name			Signature / Thumb Impression of	
for it. I hereby consent to receiving inform Date: 9. ATTESTATION / FO Documents Received KYC VER Date Emp. Name Emp. Code	OR OFFICE US	Pla SE ONLY Dies	ice:	il on the above reg	Name			Signature / Thumb Impression of	
for it. I hereby consent to receiving inform Date: 9. ATTESTATION / FO Documents Received KYC VER Date Emp. Name Emp. Code Emp. Designation	OR OFFICE US	Pla SE ONLY Dies	ice:	il on the above reg	Name		INSTITU	Signature / Thumb Impression of	
for it. I hereby consent to receiving inform Date: 9. ATTESTATION / FO Documents Received KYC VER Date Emp. Name Emp. Code Emp. Designation	OR OFFICE US	SE ONLY Dies RIED OUT BY	ice:	il on the above reg	Name		INSTITU	Signature / Thumb Impression of	



Annexure A1 South Gujarat ARN: 54854

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual

Important Instructions:

- A) Fields marked with '*' are mandatory fields.
- B) Please fill the form in English and in BLOCK letters.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please read section wise detailed guidelines / instructions at the end.
- E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- F) List of two character ISO 3166 country codes is available at the end.
- G) KYC number of applicant is mandatory for update application.
- H) For particular section update, please tick (\checkmark) in the box available before the section number and strike off the sections not required to be updated.

Line 2 Line 3 District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code* ISO 3166 Country Code* Tel. (Off) Tel. (Res) Mobile	For office use only	Application Type*	New	Update						
Same as Current / Permanent / Overseas Address details Line 1* Line 2 Line 3 District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code* 1SO 3166 Country Code* Tel. (Off) Tel. (Res) Email ID 3. APPLICANT DECLARATION I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. [Signature / Thumb Impression]	(To be filled by financial institution)	KYC Number					(Mandatory	y for KYC update	e request)	
Same as Current / Permanent / Overseas Address details Line 1* Line 2 Line 3 District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code* 1SO 3166 Country Code* Tel. (Off) Tel. (Res) Email ID 3. APPLICANT DECLARATION I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. [Signature / Thumb Impression]										
Line 1* Line 2 Line 3 District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code* Contact Details (All communications will be sent on provided Mobile no./ Email-ID) (Please refer instruction F at the end) Tel. (Off) FAX Tel. (Res) Email ID Applicant Declaration I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. [Signature / Thumb Impression]	☐ 1. CORRESPONDENCE /	LOCAL ADDRESS	DETAILS	(Please see in	struction E	at the end)				
Line 2 Line 3 District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code* 2. CONTACT DETAILS (All communications will be sent on provided Mobile no./ Email-ID) (Please refer instruction F at the end) Tel. (Off) FAX Tel. (Res) FM Mobile FM Mobile 3. APPLICANT DECLARATION • Ihereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. [Signature / Thumb Impression]	☐ Same as Current / Permanent /	Overseas Address deta	ils							
Line 3 District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code* 2. CONTACT DETAILS (All communications will be sent on provided Mobile no./ Email-ID) (Please refer instruction F at the end) Tel. (Off) Tel. (Res) Email ID 3. APPLICANT DECLARATION • I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. [Signature / Thumb Impression]	Line 1*									
District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code* 2. CONTACT DETAILS (All communications will be sent on provided Mobile no./ Email-ID) (Please refer instruction F at the end) Tel. (Off) Tel. (Res) Email ID 3. APPLICANT DECLARATION I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held [Signature / Thumb Impression]	Line 2									
2. CONTACT DETAILS (All communications will be sent on provided Mobile no./ Email-ID) (Please refer instruction F at the end) Tel. (Off) FAX Tel. (Res) Email ID 3. APPLICANT DECLARATION I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. [Signature / Thumb Impression]	Line 3						City / Town /	/ Village*		
Tel. (Off) FAX Tel. (Res) Email ID Mobile 3. APPLICANT DECLARATION I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. [Signature / Thumb Impression]	District*	Pin /	Post Code	e*		State / U.	T Code*	ISO 3166	Country Code	*
3. APPLICANT DECLARATION I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. [Signature / Thumb Impression]	2. CONTACT DETAILS (All co	ommunications will be sen	t on provided	Mobile no./ Ema	ail-ID) (Please	e refer instru	ction F at the en	nd)		
3. APPLICANT DECLARATION • I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. [Signature / Thumb Impression]	Tel. (Off)		Tel. (Res	s)			Mobile	e		
I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. [Signature / Thumb Impression]	FAX — —		Email ID							
I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. [Signature / Thumb Impression]										
therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. [Signature / Thumb Impression]	3. APPLICANT DECLARA	TION								
[Signature / Thumb Impression]	therein, immediately. In case any of the abo									
Date: DDD-MMM-YYYY Place: Signature / Thumb Impression of Applicant	indicator in									
	Date : DD - MM - YY	Y Y Place	e:					Signature / Thumb	Impression of Appl	icant



Annexure B1 South Gujarat ARN: 54854

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual

Important Instructions:

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- H) For particular section update, please tick (\checkmark) in the box available before the section number and strike off the sections not required to be updated.

For office use only (To be filled by financial institu	Application Type* New Updat		r KYC update request)
☐ 1. DETAILS OF RELAT	ED PERSON (Please refer instruction G at the end)		
Addition of Related Person	Deletion of Related Person KY	C Number of Related Person (if available*)	
Related Person Type* Name*	Guardian of Minor Assignee Prefix First Name (If KYC number and name are provided, below details of	Authorized Representative	Last Name
PROOF OF IDENTITY (Pol) OF RELATED PERSON* (Please see instruction (H) at	the end)	
□ A- Passport Number□ B- Voter ID Card□ C- PAN Card		Passport Expiry Date	
□ D- Driving Licence□ E- UID (Aadhaar)□ F- NREGA Job Card		Driving Licence Expiry Date	
Z- Others (any documen	t notified by the central government)	Identification Number	
☐ S- Simplified Measures	Account - Document Type code	Identification Number	
2. APPLICANT DECL	ARATION		
I hereby declare that the details furn	iished above are true and correct to the best of my knowledge and belie the above information is found to be false or untrue or misleading or m		
Date: DD-MM-	Y Y Y Y Place:		Signature / Thumb Impression of Applicant
3. ATTESTATION / FO	R OFFICE USE ONLY		
Documents Received	Certified Copies		
KYC VERI	FICATION CARRIED OUT BY	INSTITUTION	DETAILS
Date Emp. Name Emp. Code Emp. Designation		Name Code	
Emp. Branch	[Employee Signature]	[Institution	n Stamp]

South Gujarat ARN: 54854



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 Inforn	mation (Self Certification)						
lame	Mr. / Ms. / M/s.						
Gender	M F O PAN		0c	cupation Type	Service	Business	Others
ather's lame							
Address of tax resid	dence would be taken as available ir	n KRA database. In case of any	r change, please approach KRA	& notify the change	es		
ype of address given	n at KRA (🗸) Residential	Business Registered	d Office				
ocuments required,	if PAN not provided (✔)	Passport Election ID	Card Govt. ID Card	Oriving License	UIDAI Card 🔲 N	IREGA Job Card	Others
ate of Birth	D D M M Y Y	YY	City of Birth				
Country of Birth			Nationality				
f 'No' please procee f 'YES', please fill f ountries	t of any country other than India? (ed for the signature of declaration for ALL countries (other than India) i	n which you are a Resident fo					<u> </u>
f 'No' please procee	ed for the signature of declaration			are a Citizen / Resid	ent / Green Card h	older / Tax Resider	nt in the respect
f 'No' please procee f 'YES', please fill f	ed for the signature of declaration for ALL countries (other than India) i			Туре	If TIN is not	older / Tax Resider t available, pleas A, B or C [as defi	e tick (🗸)
f 'No' please procee f 'YES', please fill f ountries	ed for the signature of declaration for ALL countries (other than India) i	n which you are a Resident fo	r tax purposes i.e., where you Identification	Туре	If TIN is not	t available , pleas A , B or C [as defi	e tick (🗸)
f 'No' please procee f 'YES', please fill f ountries	ed for the signature of declaration for ALL countries (other than India) i	n which you are a Resident fo	r tax purposes i.e., where you Identification	Туре	If TIN is not the reason	t available , pleas A , B or C [as defi	e tick (√) ned below]
eason A → The country of Tax eason B → No Tily requesson C → others; plea To also include USA, while case Tax Identification declaration hereby confirm that of the country of the country of Tax expectation the country of Tax declaration that of the country of the country of Tax expectation that of the country of t	red for the signature of declaration for ALL countries (other than India) if the account of the ALL countries (other than India) if the ALL countries (other than India) if the ALL countries (select this reason Only if the authorate state the reason thereof. There the individual is a citizen / green car on Number is not available, kindly provided the information provided herein a set above. I also confirm that I have rechanges / modification to the above on any intermediary or by domestic	in which you are a Resident fo ntification Number ^{1,2} by tax does not issue Tax Identificat rities of the respective country of rd holder of The USA e its functional equivalent ³ above is true, correct and collect re information in future withi	Identification (TIN or Others, ple tion Numbers to its residents. tax residence do not require the TI mplete to the best of my kno A & CRS Terms and Conditions in 30 days of the same being	Type ase specify) If to be collected. Wledge and belief a below and hereby a	If TIN is not the reason → Reason → Reason	t available , pleas A , B or C [as defi A	e tick (/) ned below] C C esponsible for keep you inform
eason A → The country of Tax Country of Tax eason A → The country eason B → No Tily requeason C → others; plea To also include USA, while In case Tax Identification Declaration hereby confirm that information submitten writing about any es may be required by	red for the signature of declaration for ALL countries (other than India) if the account of the ALL countries (other than India) if the ALL countries (other than India) if the ALL countries (select this reason Only if the authorate state the reason thereof. There the individual is a citizen / green car on Number is not available, kindly provided the information provided herein a set above. I also confirm that I have rechanges / modification to the above on any intermediary or by domestic	in which you are a Resident fo ntification Number ^{1,2} by tax does not issue Tax Identificat rities of the respective country of rd holder of The USA e its functional equivalent ³ above is true, correct and collect re information in future withi	Identification (TIN or Others, ple tion Numbers to its residents. tax residence do not require the TI mplete to the best of my kno A & CRS Terms and Conditions in 30 days of the same being	Type ase specify) If to be collected. Wledge and belief a below and hereby a	If TIN is not the reason → Reason → Reason	t available , pleas A , B or C [as defi A	e tick (/) ned below] C C esponsible for the keep you inform
f 'No' please procee f 'YES', please fill f countries Country of Tay reason A → The country reason B → No TIN requ reason C → others; plea To also include USA, wh In case Tax Identification Declaration hereby confirm that Information submitten n writing about any of	red for the signature of declaration for ALL countries (other than India) if the account of the ALL countries (other than India) if the ALL countries (other than India) if the ALL countries (select this reason Only if the authorate state the reason thereof. There the individual is a citizen / green car on Number is not available, kindly provided the information provided herein a set above. I also confirm that I have rechanges / modification to the above on any intermediary or by domestic	rn which you are a Resident for the interest of the respective country of a dolder of the USA e its functional equivalent above is true, correct and correct information in future withing or overseas regulators/ tax	Identification (TIN or Others, ple tion Numbers to its residents. tax residence do not require the TI mplete to the best of my knc A & CRS Terms and Conditions n 30 days of the same being auhorities.	Type ase specify) If to be collected. Wledge and belief a below and hereby a	If TIN is not the reason → Reason → Reason	t available , pleas A , B or C [as defi A	e tick (/) ned below] C C esponsible for the keep you inform

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 anyproceeds 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.