

A. Identity Details (please see guidelines overleaf)

B. Address Details (please see guidelines overleaf)

C. Other Details (please see guidelines overleaf)

DECLARATION

Date: _____

FOR OFFICE USE ONLY

Date _____

Details of Promoters/ Partners/ Karta / Trustees and whole time directors forming a part of Know Your Client (KYC) Application Form for Non-Individuals

South Gujarat ARN: 54854

Name of Applicant _____ PAN of the Applicant _____

Sr. No.	PAN	Name	DIN (For Directors)/ Aadhaar Number (For Others)	Residential / Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Photograph

Place for
Intermediary Logo



Name & Signature of the Authorised Signatory(ies) Date d | d | / m | m | / y | y | y | y |

³Refer 1 of Part C ⁴Refer 3(vii) of Part C ⁵Refer 1A of Part C



UBO Declaration

South Gujarat ARN: 54854

Category (X)

- ☐ Unlisted Company ☐ Partnership Firm ☐ Limited Liability Partnership Company ☐ Unincorporated association / body of individuals
☐ Religious Trust ☐ Private Trustp ☐ 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 ⁶			
PAN ⁷			
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 ²			
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 (%)			

² 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

⁶ 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

⁷ 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 IAM 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

Signature of Applicant

Signature of Applicant

Signature of Applicant

Date

Place