#### Know Your Client (KYC) Application Form (For Non-Individuals Only)



Place for Intermediary Logo

Application No.:

	CVL			Sou	th Gujaı	at Al	RN:	5485	4	
A. Identity Details (please see guidelines overleaf)										
I. Name of Applicant (Please write complete name as per Certificate of Inc.	corporation / Regis	stration; leaving	one box blanl	between 2	words. Ple	ase do	not al	obreviat	e the N	ame).
. Date of Incorporation d d / m m / y y y y	Place of Incor	rporation								
3. Registration No. (e.g. CIN)		Date of con	nmencemen	of busine	ss d d	/	m   m	1/	у   у	у
4. Status Please tick (✓) □ Private Ltd. Co. □ Public Ltd. Co. □ B	Body Corporate	☐ Partnership		Charities /			ΠE		FIL	
☐ FPI Category I ☐ FPI Category II ☐ FPI Category III ☐ AO	OP 🗌 🖂 Bank	Governme	ent Body	☐ Non-Go						
☐ Defence Establishment ☐ Body of Individuals ☐ Society		Others (Please	specify)							
5. Permanent Account Number (PAN) (MANDATORY)		Pl	ease enclose	a duly atte	sted copy o	of your	PAN (	Card		
B. Address Details (please see guidelines overleaf)										
. Address for Correspondence										
City / Town / Village			7		Po	stal Coo	le			
State			Cou	ntry						
2. Contact Details		Tal (n )	/ICD\   /e-	LD)						
Tel. (Off.) (ISD) (STD)  Mobile (ISD) (STD)		Tel. (Res.) Fax	, ,	ΓD) ΓD)						
E-Mail Id.		Ιαλ	(130) (3	10)						
						stal Cod	10			
				ıments &	tick (√) a	agains	st the			
5. Proof of address to be provided by Applicant. Please submit    **Latest Telephone Bill (only Land Line)	Ⅱ □*Latest Ba		valid docu	ıments &	tick (√) a	agains	st the			
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State  5. Proof of address to be provided by Applicant. Please submit    *Latest Telephone Bill (only Land Line)   *Latest Electricity Bil   Any other proof of address document (as listed overleaf). (Please *Not more than 3 Months old. Validity/Expiry date of proof of address  C. Other Details (please see guidelines overleaf)  1. Name, PAN, DIN/Aadhaar Number, residential address	*Latest Ba se specify) s submitted	ank Account Sta	y valid docu	Iments & Registered	tick (✓) a	agains ale Ag	st the	ent of	Office	Premis
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(Originals Verified) Self Certified Document copies received

 $\hfill \square$  (Attested) True copies of documents received

Designation

Name of the Organization

Signature

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

Place for Intermediary Logo

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Date [d | d ] / [m | m ] / [y | y | y | y |

Name & Signature of the Authorised Signatory(ies)



# Details of Ultimate Beneficial Owner including additional FATCA & CRS information

#### - For Non Individual Accounts

South Gujarat ARN: 54854

Name of the Entity	
Type of address given at KRA (✓) Address of tax residence would be taken as ava	Residential Business Registered Office ailable in KRA database. In case of any change please approach KRA & notify the changes
PAN	Date of Birth D D M M Y Y Y Y
City of Incorporation	
Country of Incorporation	
Entity Constitution Status (✓)	Partnership Firm HUF Pvt. Ltd. Co. Public Ltd. Co. Society AOP/BOI Trust Liquidator Limited Liability Partnership Artificial Juridical Person Others
Please ( \( \sigma \) the applicable tax resident declarat Is "Entity" a tax resident of any country other t (If yes, please provide country/ies in which the entity is a resid	han India (✓) ☐ Yes ☐ No
Country <sup>1</sup>	Tax Identification Number <sup>2</sup> Identification Type (TIN or Others, please specify)
<sup>1</sup> In case Tax Identification Number is not available, kindly pro In case TIN or its functional equivalent is not available, please	ride its functional equivalent <sup>2</sup> provide Company Identification number or Global Entity Identification Number or GIIN, etc.
In case the Entity's Country of Incorporation / 1	ax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here
FATCA & CRS Declaration (Plea PART A (to be filled by Financial Institution	se consult your professional tax advisor for further guidance on FATCA & CRS classification) ns or Direct Reporting NFEs)
B: ( ): NEE(	GIIN  Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below
	Name of sponsoring entity
GIIN not available (please (✓) as applicable)	Applied for
If the entity is a financial institution,	Not required to apply for - please specify 2 digits sub-category <sup>5</sup> (Refer 1 A of Part C)  Not obtained - Non-participating FI
PART B (please fill any one as appropriate	"to be filled by NFEs other than Direct Reporting NFEs")
Is the Entity a publicly traded company <sup>1</sup>	Yes (✓) ☐ (If yes, please specify any one stock exchange on which the stock is regularly traded)
(that is, a company whose shares are regularly traded on an established securities market)	Name of stock exchange
(Refer 2A of Part C)	
Is the Entity a related entity of a publicly traded company (a company whose shares are	Yes (✓) ☐ (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)
regularly traded on an established securities market) (Refer 2B of Part C)	Name of listed company
markety (here 25 or rail by	Nature of relation (   Subsidiary of the Listed Company or Controlled by a Listed Company  Name of stock exchange
Is the Entity an active NFE	Yes (✓) ☐ (If yes, please fill UBO declaration in the next section.)
(Refer 2C of Part C)	Name of Business
	Please specify the sub-category of Active NFE (Mention code - refer 2c of Part D)
Is the Entity a passive NFE	Yes (✓) ☐ (If yes, please fill UBO declaration in the next section)
(Refer 3(ii) of Part C)	Name of Business
<sup>3</sup> Refer 1 of Part C <sup>4</sup> Refer 3(vii) of Part C <sup>5</sup> Refe	r1A of Part C

## Invesco Mutual Fund

D D M

Date Place

### **UBO** Declaration

South Gujarat ARN: 54854

	Unlisted Compan Religious Trust	y Partnership Firm Private Trusto	Limited Liability Partnership Company  Public Charitable Trust	Unincorporated association / body of individu Others
ease list below the details of control	_ ,			Tax Identification Numbers for EACH controlling
erson(s) (Please attach additional sh wner-documented FFI's should provid		ment and Auditor's Letter w	ith 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 7				
ddress	Address, Zip, S	tate, Country	Address, Zip, State, Country	Address, Zip, State, Country
ddress Type	Residence/Busir	ess/Registered office	Residence/Business/Registered office	Residence/Business/Registered office
ax ID <sup>2</sup>				
ax ID Type				
ity of Birth				
ountry of Birth				
ccupation Type	Service/Busines	s/Others	Service/Business/Others	Service/Business/Others
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