

# 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	Key Partne	r/Ag	ent	Info	orma	atio	n															
is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the	Mutual Fu ARN -	nd Dis	tribut	or ARI	N	A	RN -	Suł	o-Brol	ker AF	RN Co	ode			ntern	al Sub	o-Brok	er/Emp	oyee	Code		
advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker. (Refer Instruction no. 1vii).	Employ (Of Ind Relationsh	ividua	I ARN	holde	roro	of emp	oloyee	e/	utor)		P	Regi ortfoli	stered io Man	l Inve ager'	stmei s Reg	nt Adv istrat	visor ( ion Nu	RIA) Co Imber (I	le / 'MRN)	)		
<b>Transaction Charges</b> (Please tick any one of the below. For details refer KIM)	Existing Unit	hold	er: P	lease f	fill in I	Folio	Numb	ber be	low a	ind th	en pi	rocee	d to se	ection	2							
☐ I am a first time investor in Mutual Funds ☐ I am an existing investor in Mutual Funds (Default)	Folio Number																					
Upfront commission, if any, shall be paid directly by the investor to the AMFI registered distributors	Name of Sole / First Unitholder																					
based on the investors' assessment of various factors, including the service rendered by the distributor.	New Unithol																					
	1. Applicant				<i>(</i> <b>-</b> )								<b>—</b> .									
Sign Here - Sole/First Applicant/Guardian/POA		Mode of Holding (Only for non-demat mode) Single Joint Anyone or Survivor (Default)												t)								
	First/Sole	Mr. /	/ Ms. /	/ M/s.							Nan	ne as	per PA	N rec	ords	ds						
City of Birth						Cou	ntry of	f Birth	1													
Sign Here - Second Applicant	PAN/PEKRN												ate of rth	D	D	Μ	Μ	Y Y	Y	Y		
	KIN															End	closed	I KYC Pr	oof 🗌			
	Gross Annual Income	Be	elow 1	Lac	1-	-5 Lac	s (De	fault)		5-10 L			10-25 I	_		25 La	cs - 1 (	Crore	<u>&gt;1</u>	Crore		
Cine Have Third Applicant		Net-	worth	۱		n Rs.							l year) iduals)	D	D	Μ	М	ΥY	Y	Y		
Sign Here - Third Applicant	Occupation Details	Re		ervice fe	St	ıb. Sec udent thers _	tor / G	Govt. S		_	culturi	ist 🗌	Busine: Forex D specify	Dealer	(For		R	Ily Expose elated to ot Applic	PEP			
	Second*	Mr. / Ms. / M/s. Name as per PAN records																				
		City of Birth Co								Cou	ntry of	f Birth	I									
	PAN/PEKRN												ate of rth	D	D	M	М	Y Y	Y	Y		
	KIN															End	closed	I KYC Pr	oof 🗌			
	Gross Annual Income	Be	elow 1	Lac	1-	-5 Lac	s (De	fault)		5-10 L			10-25 I			- 25 La	cs - 1 (	Crore	_>1	Crore		
		Net	worth	1	i	n Rs.							l year) iduals)		D	Μ	Μ	ΥY	Y	Υ		
Instructions *No joint holder where minor is first holder PAN/ PEKRN (Refer Instruction no. 3), Date of birth is mandatory in case of Minor, additionally refer	Occupation Details	Re		ervice fe	St	ib. Sec udent thers _	tor / G	Govt. S		_	culturi	ist 🗌	Busine Forex D specify	Dealer	(For	r <b>s</b> 📃 duals)	R	Ily Expose elated to ot Applica	PEP			
Instruction no. 2, KYC & Networth (Refer Instruction no. 14).	Third*	Mr.,	/ Ms. ,	/ M/s.							Nan	ne as	per PA	N rec	ords							
		City	of Bir	rth								Cou	ntry of	f Birth	1							
	PAN/PEKRN												ate of rth	D	D	Μ	Μ	Y Y	Y	Y		
	KIN															End	closed	I KYC Pr	oof 🗌			
	Gross Annual Income	Be	elow 1	Lac	1-	-5 Lac	s (De	fault)		5-10 L			10-25 I			- 25 La	cs - 1 (	Crore	<u>&gt;1</u>	Crore		
		Net	worth	1	i	n Rs.							l year) iduals)	D	D	Μ	Μ	ΥY	Y	Υ		
	Occupation Details	Re		ervice fe	St	ıb. Sec udent thers _	tor / G	Govt. S	_	_	culturi	ist 🗌	Busine Forex D specify	Dealer	(For		R	Ily Expos elated to ot Applic	PEP			
											63								_			

 
 Others (For Non-individuals)
 Is the entity involved in any of the following services (i) Foreign Exchange/Money Changer Services Yes
 Yes
 No

 Non-individuals)
 (Default)
 (ii) Gaming/Gambling/Lottery/Casino Services/Betting Syndicates
 Yes
 No (Default)
 (iii) Money Lending/ Pawning
 Yes
 No (Default)
 (iii) Money Lending/



		Guardian/ Contact Perso																	
		Relation	🗌 Fa	ather	(Natu	ral Gua	ardian)	N	lothe	r (Natura	l Guard	ian)	Court Appointed Guardian						
ross should be a	s per KYC records, refer	PAN/PEKRN										ate of rth	D	D	М	MY	Y	Y	Y
uction no. 15ii)		KIN													Enc	losed K	'C Proc	of 🗌	
itus (√)		POA Holder*	Mr.	/ Ms.	/ M/s.					Name as	s per PA	N reco	ords						
ndividual HUF	Minor	PAN										ate of rth	D	D	Μ	MY	Y	Y	Y
LP Society/Club	Listed Co.	KIN													Enc	losed K	'C Proc	of 🗌	
AOP Minor-NRI Repatr	iable Co. U/S 25/8 of	Mailing Address																	
Minor-NRI Non-Re NRI Non-Repatria	patriable 🗌 Partnership																		
Jnlisted Co.	FPI Others	City	City									Sta	ite						
n case of Non-Pr		Tel. No. (R)	Tel. No. (R)						Tel. No. (O)										
		Mobile																	
ile No. and Emai rence:	ID Declaration Relationship	This mobile number belongs to (Please refer instruction 8): Self* Spouse DC DS DP GD *Default												fault					
nily Code	Family Description	E-mail																	
	Self	This email ID be	longs	s to (l	Please	e refer	instruct	ion 8):		Self* 🗌	Spouse	e 🗌 C	) C	DS		OP 🗌 O	D	*De	fault
	Spouse Dependent Children	Overseas Addre	SS	(Man	datory	/ in cas	se of NRI	/ FPI a	pplica	ant)									
	Dependent Siblings																		
	Dependent Parents Guardian	City							State/Province										
		Country	Country							PIN									

# 2. Investment and Payment Details<sup>1</sup>

	Scheme 1	Scheme 2	Scheme 3
Scheme	Invesco India	Invesco India	Invesco India
Plan	Regular Direct	Regular Direct	Regular Direct
Option			
IDCW Frequency			
Investment Amt. (Rs.)			
DD Charges (Rs.)			
Net Amt. (Rs.)			
Total Amount (Rs.)			
Mode of Payment	Cheque DD NACH	H 🗌 Funds Transfer 🗌 RTG	S/NEFT
Account Type	Current Savings SNRR	R NRE NRO FCNR	Others
Cheque/DD No./ UTR			
Bank Name			
Bank A/c. No.			

## (Add Instru

Status (✓)	
🗌 Individual	Minor
HUF	NRI Repatriable
	Listed Co.
Society/Club	Trust
AOP	Co. U/S 25/8 of
Minor-NRI Repatriable	<b>Companies Act</b>
Minor-NRI Non-Repatriable	Partnership
NRI Non-Repatriable	Body Corporate
Unlisted Co.	FPI
	Others
In case of Non-Profit Entity	,

# Mobi Refe

Family Code	Family Description
SE	Self
SP	Spouse
DC	Dependent Children
DS	Dependent Siblings
DP	Dependent Parents
GD	Guardian

# Instructions

 $\mathsf{IDCW}$  - Income Distribution cum capital withdrawal Option

Plan, Option, Facility of the scheme should be clearly stated. In case applications are received where Plans/ Options for investment is not selected, the default Plan/ Option as prescribed in the SID of the Scheme will be applicable.

\*In case of Guardian, Investor needs to update their gross annual income, Occupation and other details as provided in first/sole holder. Contact Person-In case of non-individual investors only. #If the investment is being made by a Constituted Attorney, please furnish the details of POA holder.

<sup>1</sup>Cheque/DD should be drawn in favor of the Scheme. Investment in single scheme - Invesco India Contra

Fund (IICF).

Investment in multiple schemes - "Invesco MF Multiple Schemes".

Investors applying under direct plan must mention "Direct" in the Plan box provided in Point no. 2.



3. For SIP/Mic	ro SIP <sup>1</sup>											SIP	Mi	cro S	IP	
Amount						(	Chequ	ie Date	D	DI	M	VI Y	Y	' )	(	Y
Drawn on Bank							В	ranch								
Period From	D D N	M M Y	Y Y Y	Y	То	D	Μ	Μ	Y Y	Y	Y	Or 🗌	Till fu	urthe	r no	tice
Cheque Nos. From								То								
Frequency	Monthly	(Default) c	or 🗌 Qua	arterly	y (Jan,	Apr, Jul	,Oct)									
SIP Date	Date of your	r choice (e	except 29,30	),31)			(15 <sup>th</sup> [	Default	t)							
4. Demat Acco	ount Detai	ils²								Opt	tional	, Refer	instr	uctio	n no	o. 12
	NSDL	CDSL		I	N											
Beneficiary Account No.																
DP Name																
5. Bank Accou	ınt Details	(Mandat	ory As Per	SEBI	Guide	lines)						Refe	r inst	ructi	on n	o. 4
Bank A/c. No.																
Bank Name																
City									PIN							
Account Type	Current	Savi	ngs 🗌 SN	RR	NR	E	NRO		FCNR		)thers	i				
Branch Address																
MICR Code <sup>4</sup>																
NEFT/RTGS/ IFSC Code⁵																
Remitter LEI No.:							١	/alidit	y Date:	D	DI	M	Y	Y	Y	Y
Beneficiary Name		Inveso	co Mutua	al Fu	nd											
Beneficiary LEI No.:		549300	ON71F6P\	/XRB	F54		١	/alidit	y Date:	D	DI	MM	Y	Y	Y	Y

## 6. Option to receive Physical Copy of Annual Report

Refer Instruction no. 11

🗌 I/We would like to receive physical copy of Annual Report of the Scheme or abridged summary thereof (Please 🗸)

Acknowledgen	nent Slip (To be filled by the Applicant)	Application No :
Received from	Mr. / Ms. / M/s.	
Towards Subscription of (Scheme Name)		Signature, Stamp & Date
Amount (₹)	Cheque/DD No.	Date D D M M Y Y Y Y

Please provide a cancelled cheque leaf of the same bank account as mentioned. We will credit the redemption/IDCW 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. Unitholders who have opted to hold Units in dematerialized 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.

I would like to receive cheque payout

I have provided multiple bank registration form

#### Instructions

IDCW - Income Distribution cum capital withdrawal Option

LEI declaration is mandatory for all payment transactions undertaken by entities for value >= INR 50 crore <sup>1</sup>For SIP through Auto-Debit (Direct Debit/NACH)

'For SIP through Auto-Debit (Direct Debit/NACH) please fill respective SIP registration cum mandate form.



## 7. Nomination Details (Mandatory)

Refer Instruction no. 10

(Please fill the appropriate section and strike out the other section which is not applicable.) Signature of all unitholders is mandatory for nomination details. POA holder cannot sign for nomination details.

## SECTION A

I/We, the above named Unitholders of Invesco Mutual Fund, do hereby nominate the person(s) more particularly described hereunder to receive the Units held my/our Folio/s listed above in the event of my / our death.

	Nominee 1	Nominee 2	Nominee 3
Nominee Name			
Nominee PAN			
% of allocation			
DOB of Nominee*			
Name of the Guardian*			
Guardian PAN			
Guardian Relationship with nominee	Mother Father Legal Guardian	Mother Father Legal Guardian	Mother Father Legal Guardian
Proof of Relationship	Birth Certificate         School Leaving Certificate         Legal Guardian         Passport         Others	Birth Certificate         School Leaving Certificate         Legal Guardian         Passport         Others	Birth Certificate         School Leaving Certificate         Legal Guardian         Passport         Others
Address			
City			
State			
PIN			

\* applicable in case the Nominee is a Minor. (Also, please attach a copy of the minor's birth certificate)

# SECTION B (Declaration Form for opting out of nomination)

I/We **DO NOT** wish to make a nomination. (Please tick 🗸 if the unitholder does not wish to nominate anyone)

I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund 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 issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

Æ	Ŕ	Ŕ
Signature of Sole/First Applicant/Guardian	Signature of the 2nd unitholder	Signature of the 3rd unitholder



#### Instructions

Please consult your professional tax advisor for further guidance on your tax residency, if required.

<sup>2</sup>Address of tax residence would be taken as available in KRA & notify the changes. <sup>3</sup>To also include USA, where the individual is a citizen/green card holder of the USA. <sup>4</sup>In case Tax Identification Number is not available, kindly provide its functional equivalent.

### 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 ensuing 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.

#### FATCA & CRS - Self Certification for Individuals Only (Non Individual Investors should mandatorily 8. fill separate FATCA - CRS Annexure).

Residential Address Type<sup>2</sup>

Business 

Registered Office

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			
Country of Birth			
Nationality			
Country of Tax Residency <sup>3</sup>			
Tax Identification No.4			
Identification Type (TIN or others, please specify)			
If TIN is not available, please ✓ the reason A, B or C		→ Reason $\square A \square B \square C$	→ Reason $\square$ A $\square$ B $\square$ 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  $C \rightarrow$  Others: please state the reason thereof.

## 9. 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/ noncommercial 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

Sc	ole/First Applicant/Guardian	Second Applicant	Third Applicant
Date Place	D D M M Y Y	Y	



# 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 :

Application No :

For details on transaction charges payable to distributors, please refer to KIM.	-	Agent Informati			
I/We hereby confirm that the EUIN box has been	Mutual Fund Distributor ARN	RN -	Sub-Broker ARN Code		Internal Sub-Broker/ Employee Code
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	Employee Unique Identification No. (		Regi	stered Investment Ad folio Manager's Regist	
above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the	1. Applicant [	Details			
employee/relationship manager/sales person of the distributor/sub broker.		r./ Ms./ M/s.)			
Upfront commission, if any, shall be paid directly	Application No.			Folio No.	
by the investor to the AMFI registered distributors based on the investors' assessment of various factor	(New Investor)			(Existing Unitho	
including the service rendered by the distributor.					
New SIP Micro SIP	KIN				
Sign Here - Sole/First Applicant/Guardian/POA	UMRN No.				
	2. Investment	t and SIP Details <sup>1</sup>			
		Scheme 1	Invesco	Scheme 2	Scheme 3
	Scheme	Invesco inula	IIIVESCU		
Sign Here - Second Applicant	<b>_</b>				
	Plan				
	Option				
Sign Here - Third Applicant	IDCW Frequency				
	SIP Date <sup>2</sup>	Any Dat Default		Any Date: 1-28; Default -15 <sup>th</sup>	; Any Date: 1-28; Default -15 <sup>th</sup>
	Frequency	Monthly (Default) o		thly (Default) or rterly (Jan, Apr, July, Oc	ct) Monthly (Default) or Quarterly (Jan, Apr, July, Oct)
Instructions IDCW - Income Distribution cum capital withdraw	SIP Period	From     M     Y     Y       To     M     M     Y     Y       (or)     Till further noti	<u> </u>	M M Y Y Y M M Y Y Y Till further notice	Y         From         M         Y         Y         Y         Y           Y         To         M         M         Y         Y         Y         Y           (or)         Till further notice         Till further notice         Till further notice         Till further notice         Till further notice
Option	SIP Amount (Rs.)				
<sup>1</sup> Investors applying under the direct plan must menti- "Direct" against Scheme name. <sup>2</sup> The SIP Form should be submitted at least 30 Calend	Total SIP amount			Cheque	e No.
days before the first SIP debit date.	Bank A/c. No.		Bank Na	Ime	
	SIP Top-Up (Option	nal)	Builtine		
	Top-up Amount Rs.	-			
	Top-up Start Month	n MMYYY	Y	М М ҮҮҮҮ	M M Y Y Y Y
	Frequency	Half Yearly Year	ly (Default) 🗌 Half	Yearly 🗌 Yearly (Def	ault) Half Yearly Yearly (Default)
	Top-up End Month	M M Y Y Y	Y	M M Y Y Y Y	
Invesco NACH/Au Mutual Fund	to Debit Mandate	(Applicable for SIP Registrat			
UMRN	For Office Use only				Date D D M M Y Y Y Y
Sponsor Bank Code				✓ Create	🛞 Modify 🛞 Cancel
Utility Code For O	fice Use only		I/We hereby	authorize	Invesco Mutual Fund
To debit (V) SB CA CC NRE NRO	Others	Bank Account N	lo.		
with Bank	Name of customers bank			IFSC / MICR	
An amount of Rupees	In Wo				In Figures
Debit Type :	Amount	Frequency: <u>X Mont</u>	hly 🔀 Quarterly	Half Yearly	✓ Yearly ✓ As & when presented
Folio No. 1. I agree for the debit of mandate processing charges by the ba	nk whom Lam authorizing to a	debit my account as per later	t schodulo of charges of	PAN	Infirm that the declaration has been carefully read
In a give not the debit of manuate processing charges by the be understood & made by me/us. I am authorising the user entity/0 by appropriately communicating the cancellation/amendment r PERIOD From D M M M Y Y Y Y	orporate to debit my account	t, based on the instructions a	is agreed and signed by		
Or Until Cancelled	ure of Primary Bank Account	Holder 💉	Signature of Bank Acc		Signature of Bank Account Holder
Mobile	ime as in bank records		Name as in bank reco	as	Name as in bank records



#### Instructions

<sup>3</sup>Not applicable in case of CDSL. Applicable only to existing investors for fresh SIP enrolment.

3. Der	nat Account Details (Optional)	NSDL CDSL
DP ID <sup>3</sup>	I     N     Beneficiary       Account No.     Account No.	
DP Name		

# **Declaration : (Mandatory)**

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/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 NACH/Direct Debit. 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.

Sign Here -Sole/First Applicant/ Guardian

Sign Here - Second Applicant

Sign Here - Third Applicant



1

# Systematic Transfer Plan (STP)

Please refer instructions before filling the form

I/We hereby apply to the Trustees of Invesco Mutual Fund for Systematic Transfer Plan (STP) enrollment under the following scheme and I/We agree to abide by the terms and conditions of the Plan

	and I/We agree to	abide by the terms and c	conditions of the Plai	n		
For details on transaction charges payable to distributors, please refer to KIM.	Kev Partner	/Agent Informa	tion			
I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any int eraction or advice by the employee/relationship manager/sales person of the	-	d Distributor ARN	] [	ker ARN Co	de	Internal Sub-Broker/Employee Code
above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/rela tionship manager/sales person of the distributor/sub broker.	(Of Indi Relationshi	ee Unique Identification vidual ARN holder or of o Manager/Sales Persor	employee/ 1 of the Distributor)		ortfolio Mana	nvestment Advisor (RIA) Code / ger's Registration Number (PMRN)
Sign Here - Sole/First Applicant/Guardian/POA		sion shall be paid dire rious factors, including				ed distributors based on the investors
	Application Num	per				
Sign Here - Second Applicant	1. Applicant	s Personal Details				
	First/Sole Applicant Name	Mr. / Ms. / M/s.				
Sign Here - Third Applicant	PAN/PEKRN					
	KIN					
		c Transfer Plan (STI ctions. Investors applyin		plan must r	mention "Dire	ect" in the Plan box provided below.)
	Frequency	(C) A. ☐ Fixed Option ☐ Daily ☐ Weekly (✓ Any One) ☐ ☐ Tuesday ☐ Thursday ☐	Monday (Default) Wednesday Friday		Quarterly except Date of choice except lefault) 29, 30, 31 (15 <sup>th</sup> Default)	
		B. 🗌 Appreciation	n Option		Default) Date of choice e 29, 30, 31 (15th D	
		C. 🗌 Flex STP (Ap	plicable to Growth O		<b>,</b>	
					Default) Date of choice e 29, 30, 31 (15 <sup>th</sup> D	•
	you wish to	nvesco India				
	Target Scheme		rect		Option	
	(to where you wish to	nvesco India				
		lan: Regular Di			Option	Growth (Default)
		nt from (1st Installment)	M M Y Y	Y Y	To (Last Inst	
		Per installment) Rs. in fi	igures			(Not applicable for Appreciation Option)
	No. of Installments 3. Applicant					
	Please note:			he Applicati	ion Form and	l in the same order. In case the mode of

M Y Y Y Y Place

Date



1

# Systematic Withdrawal Plan (SWP)

Please refer instructions before filling the form

I/We hereby apply to the Trustees of Invesco Mutual Fund for Systematic Withdrawal Plan (SWP) enrollment under the following scheme and I / We agree to abide by the terms and conditions of the Plan

Place

For details on transaction charges payable to	Key Partner/Agent Information											
distributors, please refer to KIM.		-										
I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any int eraction or advice by the employee/relationship manager/sales person of the	Mutual Fund Dis ARN -	stributor ARN	Sub-Brok ARN -	Internal Sub-Broker/Employee Code								
above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/rela tionship manager/sales person of the distributor/sub broker.	(Of Individua	nique Identification No. (EUIN) al ARN holder or of employee/ anager/Sales Person of the Distributor)										
	Upfront commission assessment of various				gistered distributors based on the investors'							
Sign Here - Sole/First Applicant/Guardian/POA	Folio Number											
	Application Number											
Sign Here - Second Applicant	1. Applicant's Pe	ersonal Details										
	First/Sole Applicant Name	Mr. / Ms. / M/s.										
	PAN/PEKRN											
Sign Here - Third Applicant	KIN											
	2. Systematic Withdrawal Plan (SWP) Mandate (Investors applying under the direct plan must mention "Direct" in the Plan box provided below)											
	Scheme	Invesco India										
		Plan: 🗌 Regular	Direct	Ор	tion							
		Fixed Amo	ount 🗌 Cap	oital Appreciation A	Amount							
	Frequency	Weekly (1s	<sup>t</sup> business day of eac	h week) 🗌 Mo	onthly (Default) 🗌 Quarterly							
	SWP Date (🗸 Any One)	3 <sup>rd</sup>	10 <sup>th</sup> 15 <sup>th</sup>	(Default) 🗌 20'	<sup>th</sup> 25 <sup>th</sup>							
	Period of Enrollment fro	om (1st Installment)	M M Y Y	Y Y To (Las	st Installment) M M Y Y Y Y							
	Withdrawal Amount (Per Installment)	Rs. in Words										
	(Per installment)		(Not app	licable for Appreciat	tion Option)							
		Rs. in Figures										
	No. of Installments											
	3. Applicant's Si	gnature										
		nature(s) should be Il Unitholders are re		e Application Forr	n and in the same order. In case the mode of							
	Sole/First Ap	oplicant/Guardian	Secor	nd Applicant	Third Applicant							

Date



I

# Common Transaction Form - Lumpsum Purchase and Switch (Applicable to Existing Investors only)

Application No :

			_													
I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction	Key Partn		-													
is executed without any interaction or advice by the employee/relationship manager/sales person of the	ARN	N	lutual Fur	id Distru	butor A	ΚN			ARN			Sub-B	roker Al	RN COde	9	
above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the	(		ee Unique dividual A Mangaer,	RN holde	er or Of			)		Registered Investment Advisor Code /Portfolio Manager's Registration Number (PMRN)				MRN)		
distributor/sub broker.	Folio No.								PAN/PE							
<b>Transaction Charges</b> (Please tick any one of the below. For details refer KIM)	Name of First , Sole Applican	'										-				
I am a first time investor in Mutual Funds /											<b>F</b>	1 10				
I am an existing investor in Mutual Funds (Default)	KIN										Encio	sea ĸ	YC Proc			
Upfront commission, if any, shall be paid directly	1. Purchas	3 <b>e</b> ((	Cheque /	DD Shou	ıld be dr	awn in f	avor of	the Scl	neme)							
by the investor to the AMFI registered distributors based on the investors' assessment of various	Scheme								Plar	n(✔) Re	egular		Direct			
factors, including the service rendered by the distributor.	Option ( $\checkmark$ )														Dividend Pa einvestme	
Sign Here - Sole/First Applicant/Guardian/POA	Investment								DD	ount (7)						
	Amount (₹) Net								1	ount (₹)						
	Amount (₹)								Date	ed	D	D	M	Y N	YY	Y
	Cheque /DD No.								Drav Ban	wn on k						
Sign Here - Second Applicant	Bank A/c. No.								A/c	Туре			s 🗌 Cu	rrent 🗌	NRO	IRE
									.,,	~		NCR	SN		Other	
	Remitter LEI No.			1	vesco	M	al Fu	md		Validity	Date:	D	DM	MY	ΥΥ	Y
	Beneficiary Nam									) ) / =  : = :=- :	Data		D M	MY	VV	V
Sign Here - Third Applicant	Beneficiary LEI I	10.:		549	3000	N71F6F	PVXRE	8F54		Validity	Date:	D	DIVI	IVI I	II	I
	2. Switch	Rec	quest													
	From: Scheme Invesco India										P	Plan				
	[					Opti	ion							IDCW F	requency	y
Instructions:	To: Scheme	Inve	esco Ind	ia										P	lan	
1. This transaction slip is to be used for single transaction request only, do not combine purchase	[					Opti	ion							IDCW F	requency	y
& switch transaction on one single transaction slip.	Amount (₹)					OR No. of Units						OR All Units (Please ✓)				
2. For detailed Instructions on switch, please refer to the general instructions on the KIM.	3. Dema	tΔc	count	Dota	ile (A	ntior	nal)									
-	(Please ✓)				DP II	-	N						(1Not	Applica	ble in cas	
LEI declaration is mandatory for all payment transactions undertaken by entities for value >= INR 50 crore.	Beneficiary Account No.												(1101	Арриса		
Country of Birth/Citizenship/Nationality or Tax	DP Name															
Residency, other than India, for any applicant:	The investor sh	all rec	ceive payı	nents of	IDCW /	Redem	ption p	roceeds	in the Ba	ank A/c li	inked t	o the	Demat	A/c as m	entioned a	above.
☐ Yes ☐ No (Mandatory to ✓) If Yes, please fill FATCA/CRS declaration	Declarati	on 8	& Sian	ature	e(s)					-				-		
• NRI investors should mandatorily fill separate	Having read a	nd un	derstood	the cor	ntents o											
FATCA/CRS declarations	Information Me Scheme/Option				•											
<ul> <li>Non-Individual investors should mandatorily fill separate FATCA/ CRS &amp; UBO declarations</li> </ul>	the details of th															
	Signature of S		rst Applic	ant/Gua	rdian			e of the	2nd unit					re of the		
	To be signed b						-				L		-			
	to bo orginou b	y anno		io por ne	Siding c	prod.r	100000		ocotion			c mioc	, ,	,		onoou uo
Acknowledgement													ce Use	- — — —		
Folio No.			(P	lease√)	) 🗌 P	urchas	e	Switc	h			yndtul		Jeivilly a	iutriofity	
Name of the																



# **FATCA & CRS Annexure - Individual Accounts**

(including Sole Proprietor)

# FATCA & CRS Information (Self Certification)

Name	Mr. / N	Ms. / N	1/s.											
Gender	Μ	F	0	PAN	1								Occupation Type	iness 🗌 Others
Father's Name														
Type of Ad	ddress (	given a	t KRA	1		[	Re	siden	ntial		Business		Registered Office	
Documen	ıts requi	ired, if	PAN n	ot pro	ovideo	1 [	Pa	sspor	rt		Election ID	Card	🗌 Govt. ID Card	
						[	Dri	ving	Licens	se	UIDAI Card		NREGA Job Card	
Date of Bi	irth	D	D	$\mathbb{M}$	Μ	Y	Y	Y	Y		City of Birth			
Country o	of Birth										Nationality			

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

## If 'No' please proceed for the signature of certification

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

Country of Tax Residency <sup>2</sup>	Tax Identification No. <sup>3</sup>	Identification Type (TIN or Others, please specify)	If TIN is not available, please tick ( $\checkmark$ ) the reason A, B or C [as defined below]
			$\rightarrow$ Reason $\square$ A $\square$ B $\square$ C
			$\rightarrow$ Reason $\square$ A $\square$ B $\square$ C

Reason A  $\rightarrow$  T he country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents. Reason B  $\rightarrow$  N o 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  $\rightarrow$  Others; please state the reason thereof.

# 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 unitholders. 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 your 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 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.

# Certification

I hereby confirm that the information provided herein above is true, correct and complete to the best of my knowledge and belief and that I shall be solely liable and responsible for the information submitted above. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of the same being effective and also undertake to provide any other additional information as may be required by any intermediary or by domestic or overseas regulators/ tax authorities.

### Sign here



Place

#### Instructions

Please consult your professional tax advisor for further guidance on your tax residency, if required.

<sup>1</sup>Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes.

<sup>2</sup>To also include USA, where the individual is a citizen/ green card holder of The USA.

<sup>3</sup>In case Tax Identification Number is not available, kindly provide its functional equivalent.



ale A

# Ultimate Beneficial Owner/ FATCA & CRS Annexure Form - For Non Individual Accounts

Type of Address given at KRA <sup>1</sup>	Residential	Busin	ess [	Regist	tered	Office						
Date of Incorporation	D D M	MY	Y Y		PAN							
City of Incorporation						ntry of poration						
Entity Constitution	<ul> <li>Partnership</li> <li>Society</li> </ul>	Firm	HUF AOP/801		Priva Trust	te Limite	d Comp	any	□ P	ublic	Limite	d Con
Туре	Liquidator Is "Entity" a tax (If yes, please p Tax ID number	orovide cour	any cour	ntry other	r tha		Yes	🗌 No	D		] Othe	
Counti	у	Tax	dentifica	tion No. <sup>2</sup>		Identif	ication	T <b>ype</b> (T	IN or (	Others	s, pleas	e spe
In case the Entity's Cour Entity is not a Specified	, ,				ere							
FATCA & CRS Declar PART A (to be filled by F We are a Financial in	inancial Instituti	ons or Direct Direct report	•	g NFEs)			1-4- If					
GIIN						t	lote: If yo y anothe SIIN above	er entit	y, plea	se pro	ovide yo	ur sp
Name of sponsoring entity												
GIIN not available If the entity is a financial institution,		r ed to apply f ed - Non-pa	•	• •	y 2 di	gits sub	catego	У <sup>6</sup>		(F	Refer 1	A of F
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# Instructions

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<sup>1</sup>Address of tax residence would be taken as available KRA database. In case of any change, please approac KRA & notify the changes.

<sup>2</sup>In case Tax Identification Number is not available, kindly provide its functional equivalent. In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Intermediary Identification Number or GIN, etc.

<sup>3</sup>Please consult your professional tax advisor for furthe guidance on FATCA & CRS classification)

<sup>4</sup>Refer 1 of Part C

<sup>5</sup>Refer 3(vii) of Part C

<sup>6</sup>Refer 1 A of Part C



Category Unlisted Company Partnership Firm Religious Trust Private Trust

Limited Liability Partnership Company
 Public Charitable Trust

Unincorporated association / body of individuals 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>7</sup>			
PAN <sup>8</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>7</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>8</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.

 Name	
Designation	
Name	
Designation	
Name	
Designation	

## 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 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 cardholder, 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 Company Private Limited/ Invesco Mutual Fund/ Trustees for any modification to this information promptly.

Date	D	D	Μ	Μ	Y	Y	Y	Y
Place								

Auth	orised Sig	gnatory		