

Folio No.

Name of Sole / First Unit Holder

PAN

1. Change of Bank Mandate (COB)

Bank A/c. No. Bank Account Type (Please ✓) ☐ Savings ☐ Current ☐ NRO ☐ NRE ☐ Others

Bank Name

Bank Address

Bank City

MICR Code (9 digits)

IFSC Code (11 digits)

Documents Submitted (any one)

- ☐ Cancelled original cheque of the new bank mandate with first unit holder name and bank account number printed on the face of the cheque.
- ☐ Self attested copy of bank account statement/bank passbook issued by the concerned bank. (not older than 3 months)

Note:

In case of photocopies of the documents as stated above are submitted, investor must produce original for verification or a copy of the supporting documents duly attested by the concerned bank to any of the AMC branches or official point of acceptance of transactions (ISC).

2. ☐ Updation of Contact details ☐ Confirmation of existing contact details / family declaration

(Please ensure to attach Self-attested PAN Card copy with change of contact details request)

To facilitate the ease of two factor authentication(2FA) we request you to update contact details for all the unit holders.

First Unit Holder

Phone (Office) Phone (Residence)

Mobile^ This mobile number belongs to : ☐ Self* ☐ Spouse ☐ DC ☐ DS ☐ DP ☐ GD ☐ CD | *Default

E-mail^ This email ID belongs to : ☐ Self* ☐ Spouse ☐ DC ☐ DS ☐ DP ☐ GD ☐ CD | *Default

Second Unit Holder

Mobile^ This mobile number belongs to : ☐ Self* ☐ Spouse ☐ DC ☐ DS ☐ DP ☐ GD ☐ CD | *Default

E-mail^ This email ID belongs to : ☐ Self* ☐ Spouse ☐ DC ☐ DS ☐ DP ☐ GD ☐ CD | *Default

Third Unit Holder

Mobile^ This mobile number belongs to : ☐ Self* ☐ Spouse ☐ DC ☐ DS ☐ DP ☐ GD ☐ CD | *Default

E-mail^ This email ID belongs to : ☐ Self* ☐ Spouse ☐ DC ☐ DS ☐ DP ☐ GD ☐ CD | *Default

3. Change of Address

Please submit forms prescribed by KYC Registration Agency for change of address along with prescribed documents.

4. Updation/Correction of Date of Birth

(Please ensure to attach Self-attested PAN Card copy with updation of date of birth)

Applicant Name

Date of Birth

P.T.O. for Signatures & Instructions

Acknowledgement

Folio No. Name

Received request for (Please ✓)

Change of Contact Details ☐

Change in KYC Declaration Form ☐

Change of Bank Mandate (COB) ☐

For Office Use
Signature of receiving authority

Date of receipt / Time of receipt :

5. KYC Declaration Form

Applicant's Details

PAN/KRN

Date of Birth / Incorporation

Gross Annual Income (✓)

☐ Below 1 Lac

☐ 1-5 Lacs (Default)

☐ 5-10 Lacs

Net-worth

in ₹

as on

☐ 10-25 Lacs

☐ 25 Lacs - 1 Crore

☐ > 1 Crore

(Not older than 1 year) (Mandatory for Non-individuals)

Occupation Details (✓)

☐ Private Service

☐ Public Sector / Govt. Service

☐ Business

☐ Professional

☐ Housewife

☐ Retired

☐ Student

☐ Forex Dealer

☐ Agriculturist

☐ Others _____ (Please specify)

Others (✓)

For Individuals

☐ Politically Exposed Person

☐ Related to Politically Exposed Person

☐ Not Applicable

For Non-Individuals

Is the entity involved in any of the following services

(i) Foreign Exchange/Money Changer Services ☐ Yes ☐ No

(ii) Gaming/Gambling/Lottery/Casino Services/Betting Syndicates ☐ Yes ☐ No

(iii) Money Lending/Pawning ☐ Yes ☐ No

(Politically Exposed Persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/military officers, senior executives of state owned corporations, important political party officials etc.)

Declaration & Signature(s)

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. I hereby authorise sharing of the information furnished on this form with all SEBI registered intermediaries.



Sole / First Holder



Second Holder



Third Holder

To be signed by unitholders as per mode of holding opted. Please strike off section(s) that are not filled by you, to avoid unauthorised use.

Place

Date

Instructions

KYC compliant folios / clients are required to submit forms prescribed by KYC Registration Agency for change of address along with prescribed documents as proof of change of address.

^Mobile No. and Email ID Declaration Relationship Reference:

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

Get in Touch

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