

To:
The Trustees
Invesco Mutual Fund

Name of the Applicant (unitholder who is requesting for change of status from MINOR to MAJOR)

Mr./Ms.		
Date of Birth	/	PAN
Tax Status: <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI <input type="checkbox"/> PIO <input type="checkbox"/> Others (please specify)		
<input type="checkbox"/> KYC Acknowledgment attached <input type="checkbox"/> KYC form attached <input type="checkbox"/> C-KYC Identification No.		
<i>Please tick ✓ whichever is applicable</i>		
Name of the Guardian Mr./Ms. _____		
Relationship with the applicant: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Guardian		

I, the above applicant, hereby request you to change my status from Minor to Major in the following Folios and delete the Guardian's name therein as I have since become a major, and update the details provided herein in your records.

Folio No (s).		
1)	2)	3)
4)	5)	6)
7)	8)	9)

Contact details of the Applicant

Mobile No. +91	Tel. No. STD -
Email Address	

Address of the Applicant

Address Line 1		
Address Line 2		
City:	State	PIN

(Please note that address will be updated as per applicant's address on KYC form / KYC Registration Agency records)

Bank Account Details of the Applicant

Bank Name	
Account No.	11-digit IFSC
A/c. Type <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR	9-digit MICR No.
Name of bank branch	
City	PIN
<i>Please attach & tick ✓ <input type="checkbox"/> Cancelled cheque with applicant's name printed OR <input type="checkbox"/> Applicant's Bank Statement/Passbook</i>	

Additional KYC information (Please tick ✓ whichever is applicable)

Occupation <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Home Maker <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others _____ (Please specify)
The applicant is <input type="checkbox"/> a Politically Exposed Person <input type="checkbox"/> Related to a Politically Exposed Person <input type="checkbox"/> Neither (Not applicable)
Gross Annual Income (₹) <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs-1crore <input type="checkbox"/> >1 crore

FATCA and CRS information

Country of Birth _____ Place of Birth _____		
Nationality _____		
Are you a tax resident of any country other than India? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please mention all the countries in which you are resident for tax purposes and the associated Taxpayer Identification Number and its identification type in the column below		
Country	Tax-Payer Identification Number	Identification Type

Nomination (Please tick (✓) one of the options below)

<input type="checkbox"/> I wish to make a nomination and hereby nominate the person/s more particularly described in the Nomination Form attached herewith, to receive the Units held my folio in the event of my death. {Recommended}
<input type="checkbox"/> I DO NOT wish to make a nomination (Please tick ✓ if you do not wish to nominate anyone)

Declaration and Signature of the Applicant

I have attached herewith all the relevant / required documents as indicated below.

I confirm that the information provided above is true and correct to the best of my knowledge and belief.

I undertake to keep _____ **Ivesco** _____ Mutual Fund / its AMC/RTA informed about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required by the AMC / RTAs.

I hereby authorize _____ **Ivesco** _____ Mutual Fund and its AMC/RTA to share/disclose any of the information provided by me/us, including any changes in respect thereof to the Mutual Fund's Bankers or my Distributor / Investment Advisor and to such other service providers as may be necessary for any operational reason, including to verify/validate my / our bank account details. I / We also authorize the Mutual Fund & its AMC/RTA to provide/ share any of the information provided by me/us including my holdings in the Mutual Fund to any governmental or statutory or judicial authorities/agencies as required by law without any obligation of informing me/us of the same.

My signature hereinbelow has been attested by the Guardian on record My bankers Notary / JMFC

Place _____



Date _____

Signature of Applicant _____

Signature Attestation

(To be attested by the Guardian (as registered in the folio of the applicant who has become a major) or a Notary or Judicial Magistrate First Class (JMFC) @

Name of the Guardian / Stamp of the Notary/JMFC	The above signature of the applicant duly attested by me <div style="text-align: center;"> _____ Signature</div>
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@ Alternatively, please attach banker's certification / attestation in the prescribed form as per Annexure 1

Documents attached –

- Copy of PAN Card of applicant
- KYC Acknowledgment OR KYC form of applicant
- Cancelled cheque with applicant's name pre-printed OR Applicant's Bank Statement/Passbook
- Annexure-I – Bankers Attestation of Signature of the applicant
- Nomination Form

Annexure - 1

Bank Attestation of Account Details & Account-holder's signature

{To be issued on the Bank's Letter Head OR
This form itself with Bank Official's name and Employee code mentioned & Bank seal affixed in the space below }

Date: DD / MM / YYYY

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Mr. / Ms. _____

is a customer of our bank, namely, _____

Name of the bank

_____ branch



having the following Bank Account:

Account number	
A/C type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> NRNR <input type="checkbox"/> Others (Pl. specify)	
9-Digit MICR No.	11- Digit IFSC

His/her address, as per our Bank records, is as follows:

City	PIN	State

Signature Verification by Bankers

Signature of the above customer in the box alongside, verified & validated with his/her specimen signature as per Bank's records	 Signature of the client
 Signature of the bank official with Bank's Seal	
Name* of the attesting Bank Official	
Designation*	
Employee Code*	
Telephone Number*	

*Mandatory

Form for Fresh Nomination / Change of Existing Nomination/ Cancellation of Nomination

Applicable for Individual Unitholders only - whether holding Units Singly or Jointly with other holders
Please read the instructions carefully before filling up this form

Name of 1st Holder _____

Name of 2nd Holder _____

Name of 3rd Holder _____

I/We _____ **Invesco** _____ Mutual Fund, do hereby

- Nominate
in the event of my / our death
 Cancel
(tick whichever is applicable).

Scheme Name	Folio No.
1.	
2.	
3.	
4.	

Name of the 1 st Nominee	% of Allocation
PAN of the Nominee/Guardian*	Date of Birth of Nominee* DD/MM/YYYY
Name of the Guardian *	
Guardian's Relationship with Nominee <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	
Proof of relationship <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others	
Address	
City	State PIN

Name of the 2 nd Nominee	% of Allocation
PAN of the Nominee/Guardian*	Date of Birth of Nominee* DD/MM/YYYY
Name of the Guardian *	
Guardian's Relationship with Nominee <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	
Proof of relationship <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others	
Address	
City	State PIN

Name of the 3 rd Nominee	% of Allocation
PAN of the Nominee/Guardian*	Date of Birth of Nominee* DD/MM/YYYY
Name of the Guardian *	
Guardian's Relationship with Nominee <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	
Proof of relationship <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others	
Address	
City	State PIN

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

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

I/We have read and understood the instructions on nomination given below/overleaf and I/We hereby undertake to abide by the same. The instructions contained herein supercedes all previous nominations made by me/us in respect of the folio(s) mentioned above.

Signature of the 1st unitholder 	Signature of the 2nd unitholder	Signature of the 3rd unitholder
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