

## Request for change in status from Minor to Major

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.<br><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 &amp; 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)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Occupation</b> <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<br><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)                                                                                                                                                                                                                                                                                   |  |
| <b>Gross Annual Income (₹)</b> <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                                                                                                                                                                                                                      |  |

|                                                                                                                                                                                       |                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| 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 |
|                                                                                                                                                                                       |                                 |
|                                                                                                                                                                                       |                                 |
|                                                                                                                                                                                       |                                 |

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

Signature of Applicant \_\_\_\_\_

|                                                 |                                                                                                |
|-------------------------------------------------|------------------------------------------------------------------------------------------------|
| Name of the Guardian / Stamp of the Notary/JMFC | The above signature of the applicant duly attested by me<br><br><br><br><br>_____<br>Signature |
|-------------------------------------------------|------------------------------------------------------------------------------------------------|

- ☐ 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