

To be filled in BLOCK LETTERS

KYC FORM – INDIVIDUALS (FIRST HOLDER)					
KYC Mode* <input checked="" type="checkbox"/> Normal <input type="checkbox"/> EKYC OTP <input type="checkbox"/> EKYC Biometric <input type="checkbox"/> Online KYC <input type="checkbox"/> Offline EKYC <input type="checkbox"/> DigiLocker					
IDENTITY DETAILS					
Name of the Applicant*		Mr. Karan Ramesh Salecha			
Maiden Name (if any)					
Father / Spouse Name*		Mr. Ramesh Sureshmal Jain			
Mother Name*		Mrs. Savitha Ramesh Salecha			
Date of Birth*		25/07/1990		PAN*	CBVPS6167E
Gender* <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender		Marital Status* <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married			
Nationality*		<input checked="" type="checkbox"/> IN-Indian <input type="checkbox"/> Others			
Residential Status*		<input checked="" type="checkbox"/> Resident Individual <input type="checkbox"/> Non-Resident Indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin <small>(Passport mandatory for NRIs and Foreign Nationals. PIO selection is only for CKYC and not for KRA KYC. Select NRI or Foreign National based on Nationality of the individual)</small>			
Occupation*		<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input checked="" type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculture <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (please specify)			
City of Birth		Mumbai		Country of Birth	India
				ISO 3166 Country Code	IN
Proof of Identity (POI)*				Identification number*	Expiry Date (if Any)
<input checked="" type="checkbox"/> Aadhaar Card (only last 4 Digits) <input type="checkbox"/> Voter ID Card <input type="checkbox"/> Passport <input type="checkbox"/> Driving license <input type="checkbox"/> NPR <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Others (Any document notified by Central Government)				XXXX-XXXX-0467	
ADDRESS DETAILS					
Permanent Address*		604, Sumea Tower - B, 108, Seth Motishah Lane, Opp. Telephone Exchange, Margaon City/Town/Village* Mumbai District* Mumbai State* Maharashtra Country* India Pin code* 400010 <input type="checkbox"/> Residential/Business <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified			
Doc submitted as POA*		<input checked="" type="checkbox"/> Aadhaar Card <input type="checkbox"/> Passport Number <input type="checkbox"/> Voter ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> NPR Letter <input type="checkbox"/> Others			
		Document number*		Expiry Date (if Any)	
		XXXX-XXXX-0467			
Correspondence Address* <small>(if different from above / Overseas Address* (Mandatory for NRI Applicant))</small>		<input checked="" type="checkbox"/> Same As Permanent Address			
		City/Town/Village* District* State* Country* Pin code* <input type="checkbox"/> Residential/Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified			
Doc submitted as POA*		<input type="checkbox"/> Aadhaar Card <input type="checkbox"/> Passport Number <input type="checkbox"/> Voter ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> NPR Letter <input type="checkbox"/> Others			
		Document number*		Expiry Date (if Any)	
Address type to be used for communication				<input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Correspondence	
CONTACT DETAILS (to be used for all necessary reporting / communication purposes)					
Residence Phone		Office Phone		Mobile* 9820849413	
Fax Details		Email ID*		Karan@godeinvest.com	
DECLARATION					
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 consent to receive information from Central KYC and/or KRA registry through SMS/Email on above registered number/email address. I am also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I hereby consent to sharing my masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only					
E-sign		FOR OFFICE USE ONLY			
Wet - Sign		In-Person Verification (IPV) & Self-Attested copies received by			
Karan R Salecha Date: 18/10/2024 Place: Mumbai Signature / Thumb Impression of the Applicant		Company Name: Emp Name: Emp Code: Designation: Date: Signature:			

Additional KYC Form for Opening a Demat Account OPENING NSDL and CDSL (Individual)
NUVAMA WEALTH AND INVESTMENT LIMITED

Eight Floor 801 to 804, Inspire BKC G Block, BKC Main Road, Bandra Kurla Complex, Bandra East, Mumbai-400051

Please tick anyone of the Below

☒ NSDL DEMAT (DP ID – IN303719)

☐ CDSL DEMAT (DP ID –)

To be filled by the Depository participant in BLOCK LETTERS in English

Application No		Client ID		DP Internal Ref No	
Date					

I/We request you to open a Depository account in My/Our name as per the below Details
Details of Account Holders

Account Holders	Sole /First Holder	Second Holder	Third holder
Name *	Karan Rangesha Salecha		
PEP/RPEP *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
SMS alert facility Mobile number mandatory if POA selected	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile No. for SMS alert	9820849413		

INCOME RANGE PER ANNUM

Gross Annual Income* (Not older than 1 year)	<input type="checkbox"/> Up to INR 1 Lac	<input type="checkbox"/> INR 5 - 10 Lacs	<input checked="" type="checkbox"/> INR 25 Lacs - 1 crore
	<input type="checkbox"/> INR 1 - 5 Lacs	<input type="checkbox"/> INR 10 - 25 Lacs	<input type="checkbox"/> More than INR 1 crore
Net Worth Details (Not older than 1 year)		As on Date	

Type Of Account (Please tick whichever is applicable)

Status	Sub Status
Individual	<input checked="" type="checkbox"/> Individual/Ordinary Resident <input type="checkbox"/> Others (please specify)
NRI	<input type="checkbox"/> NRI Repatriable <input type="checkbox"/> NRI Non-Repatriable <input type="checkbox"/> Others (please specify)

Bank Details (Dividend Bank Details)

BANK NAME	INDUSIND BANK	Branch Name	FORT
Address	61, SONAWALA BUILDING, MUMBAI SAMACHAR MARG, FORT MUMBAI		
City	MUMBAI	State	MAHARASHTRA
		Country	INDIA
Account type	<input type="checkbox"/> Saving <input checked="" type="checkbox"/> Current <input type="checkbox"/> Others	Pin	400001
IFSC Code	INDB0000033	MIRC Code	400234009
For NRI Only	RBI Approval Ref No:	RBI Approval Date :	
Standing Instructions if account to be opened in NSDL/ CDSL			Please tick Yes/No
I / We instruct the DP to receive each and every credit in my/our account. (Automatic Credit)			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID mentioned In KYC application Form.			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Account to be operated through DDPI/ Power of Attorney (POA)			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
I/ We wish to receive dividend / interest directly into my bank account as given above through ECS (If not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time]			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Option for issue of DIS Booklet

Kindly confirm the manner of receiving DIS booklet (To be filled by person(s) seeking to open a Depository account where Power of Attorney / DDPI has been granted to operate the Depository account)	<input type="checkbox"/> I/We wish to receive the Delivery Instruction Slip (DIS) booklet with account opening. <input checked="" type="checkbox"/> I/We do not wish to receive the Delivery Instruction Slip (DIS) booklet with account opening. However, the DIS booklet should be issued to me/us immediately on my/our request at a later date.
Standing Instructions if account to be opened in CDSL	
I / We would like to instruct the DP to accept all the pledge instructions in my/our account without any other further instruction from my/our end. [If not marked, the default option would be 'No (to be selected if account opened in CDSL)']	Please tick Yes/No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I / We would like to share the email ID with the RTA (to be selected if account opened in CDSL)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Account Statement Requirement	<input checked="" type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
Annual Report Requirement (If not marked the default option would be in Physical)	<input type="checkbox"/> Physical <input checked="" type="checkbox"/> Electronic <input type="checkbox"/> Both Physical and Electronic
For Joint accounts, communication to be sent to (Note: In case if 'first holder' is selected, the communication will be sent as per the preference mentioned. In case 'All joint account holders' is opted, communication to first holder will be sent as per the preference mentioned and communication to other holders will be in electronic mode. The default option will be communication to 'first holder', if no option selected)	<input type="checkbox"/> First Holder <input type="checkbox"/> All Joint Account Holders
Mode of Operations for Joint Accounts of securities (Note: If Mode of Operation for Joint Account is chosen as anyone of the holder or survivor(s), only specified operations such as transfer of securities including Inter-Depository Transfer, pledge / hypothecation / margin pledge / margin re-pledge (creation, closure and invocation and confirmation thereof as applicable)	<input type="checkbox"/> Jointly <input type="checkbox"/> Anyone of the Holder or Survivor(s)
TRUST FACILITY	
I wish to avail the TRUST facility using the Mobile number registered for SMS Alert Facility I have read and understood the Terms and Conditions prescribed by CDSL for the same. <input type="checkbox"/> I/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST Annexure B	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If selected Yes please clearing member details)	
Stock Exchange Name/ID	Clearing Member Name
	Clearing Member ID (Optional)
Easi	To register for e asi, please visit our website www.cdslindia.com . Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online.

DECLARATION

- I/We hereby declare that the details furnished above are true and correct to the best of our knowledge and belief and we undertake to inform you of any changes therein, immediately.
- I/We further agree that any false / misleading information given by me/us or suppression of any material information will render my account liable for termination and suitable action. I/We are aware that we may be held liable for it.
- I / We acknowledge that I /we have received and read "Rights and Obligations, Terms & Conditions of the Beneficial Owner and Depository Participant" as per Annexure C and Annexure D of the attached booklet. I/we agree to abide by and to be bound by the rules as are in force from time to time for such accounts.
- The Same has been called upon by me in ☐ Physical Copy ☒ Soft Copy
- I/we also declare that I/We will continue to comply with FEMA regulations. (In case nonresident account)

Name of Holders		Signatures
Sole/Holder/Guardian	Karan Salecha	Karan R Salecha
Second Holder		
Third Holder		

Nomination Details

<p><input type="checkbox"/> I/We the sole holder / Joint holders / Guardian (in case of minor) hereby declare that:</p> <p><input type="checkbox"/> I/We do not wish to nominate anyone for this Demat account 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 / information for claiming of assets held in my Demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the Demat account.</p> <p><input checked="" type="checkbox"/> I/We nominate the following person who shall receive all the assets held in my / our account in the event of my / our death. (As per Nominee details given below)</p>			
Nomination Details	Nominee 1	Nominee 2	Nominee 3
Name of the nominee(s)	Shefali Karan Salecha		
Share of each nominee	100 %		
Any odd lot after division shall be transferred to the first nominee mentioned in the form.			
Nominee Identification details (Optional) (Please tick anyone of following and provide details of same)	<input checked="" type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input checked="" type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank Account No. <input type="checkbox"/> Demat Account ID <input type="checkbox"/> Proof of Identity (Provide relevant proof)	<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank Account No. <input type="checkbox"/> Demat Account ID <input type="checkbox"/> Proof of Identity (Provide relevant proof)	<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank Account No. <input type="checkbox"/> Demat Account ID <input type="checkbox"/> Proof of Identity (Provide relevant proof)
	Relationship (With Applicant)	Address of Nominee(s)	Address of Nominee(s)
Relationship (With Applicant)	Spouse		
Address of Nominee(s)	Same As Applicant		
Mobile/Tel No (Optional)			
Email ID (Optional)			
Date of Birth (Mandatory if Nominee is a minor)			
Guardian Name			
Address of the Guardian	Same As Applicant		
Mobile/Tel No (Optional)			
Email ID (Optional)			
Relationship* (With Nominee)			
Guardian Identification Details Optional: (Please tick anyone of following and provide details of same)	<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank Account No. <input type="checkbox"/> Demat Account ID <input type="checkbox"/> Proof of Identity (Provide relevant proof)	<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank Account No. <input type="checkbox"/> Demat Account ID <input type="checkbox"/> Proof of Identity (Provide relevant proof)	<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank Account No. <input type="checkbox"/> Demat Account ID <input type="checkbox"/> Proof of Identity (Provide relevant proof)
	Signature of the Holder(s)	Signature of the Holder(s)	Signature of the Holder(s)
Signature of the Holder(s)	1 st Holder Karan R Salecha	2 nd Holder	3 rd Holder

Signature of witness, along with name and address are required, if the account holder Affixes thumb impression, instead of signature

FATCA & CRS Declaration (First Holder)

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

TAX RESIDENCE DECLARATION (tick anyone, as applicable)

☒ I am a tax resident of India and not resident of any other country **OR**
☐ I am a tax resident of the country/ies mentioned in the table below

Country #	Tax Identification Number ¹	Identification Type (TIN or Other ²)	ISO 3166 Country Code (of Jurisdiction of Residence)	Address (Including city, state, country and pin code)

CERTIFICATION

Under penalty of perjury, I certify that:

- I understand that the Nuvama Group is relying on this information for the purpose of determining the status of the account holder named above in compliance with FATCA/CRS. The Nuvama Group is not able to offer any tax advice on FATCA or CRS or its impact on the account holder. I/we shall seek advice from professional tax advisor for any tax questions.
- I agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.
- I agree that as may be required by domestic regulators/tax authorities, the Nuvama Group may also be required to report, reportable details to CBDT or other authorities/agencies or close or suspend my account, as appropriate.

I have understood the information requirements of this Form (read along with the FATCA/CRS Instructions) and hereby confirm that the information provided by me/us on this Form including the taxpayer identification number is true, correct, and complete. I/We also confirm that I/We have read and understood the FATCA Terms and Conditions below and hereby accept the same.

 Name: Karan Ramesh Salecha

 Date: 18/10/2024

 Signature: Karan R Salecha

 Place: Mumbai

[5]

-----Please Tear Here-----

Acknowledgement Receipt			
Application No		Date	
We Hereby acknowledge the receipt of the Account Opening Form			
Name of the Sole / Holder			
Second Holder			
Third Holder			
Depository Participant Sign		Date	

[5]

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(to be filled in BLOCK LETTERS)

KYC FORM – INDIVIDUALS (SECOND HOLDER)
KYC Mode* ☒ Normal ☐ EKYC OTP ☐ EKYC Biometric ☐ Online KYC ☐ Offline EKYC ☐ DigiLocker
IDENTITY DETAILS

Name of the Applicant*		PHOTOGRAPH of Applicant Please affix the recent passport size photographs and sign across it	
Maiden Name (if any)			
Father / Spouse Name*			
Mother Name*			
Date of Birth*	PAN*		
Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	Marital Status* <input type="checkbox"/> Single <input type="checkbox"/> Married		
Nationality* <input type="checkbox"/> IN-Indian <input type="checkbox"/> Others			
Residential Status* <input checked="" type="checkbox"/> Resident Individual <input type="checkbox"/> Non-Resident Indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin <small>(Passport mandatory for NRIs and Foreign Nationals. PIO selection is only for CKYC and not for KRA KYC. Select NRI or Foreign National based on Nationality of the individual)</small>			
Occupation* <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculture <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (please specify)			
City of Birth	Country of Birth	ISO 3166 Country Code	
Proof of Identity (POI)*		Identification number*	Expiry Date (if Any)
<input type="checkbox"/> Aadhaar Card (only last 4 Digits) <input type="checkbox"/> Voter ID Card <input type="checkbox"/> Passport <input type="checkbox"/> Driving license <input type="checkbox"/> NPR <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Others (Any document notified by Central Government)			

ADDRESS DETAILS

Permanent Address*	City/ Town/Village* District* State* Country* Pin code*			
	<input type="checkbox"/> Residential/Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified			
Doc submitted as POA*	<input type="checkbox"/> Aadhaar Card <input type="checkbox"/> Passport Number <input type="checkbox"/> Voter ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> NPR Letter <input type="checkbox"/> Others			
	Document number*		Expiry Date (if Any)	
Correspondence Address* <small>if different from above / Overseas Address* (Mandatory for NRI Applicant)</small>	City/ Town/Village* District* State* Country* Pin code*			
	<input type="checkbox"/> Residential/Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified			
Doc submitted as POA*	<input type="checkbox"/> Aadhaar Card <input type="checkbox"/> Passport Number <input type="checkbox"/> Voter ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> NPR Letter <input type="checkbox"/> Others			
	Document number*		Expiry Date (if Any)	
Address type to be used for communication		<input type="checkbox"/> Permanent <input type="checkbox"/> Correspondence		

CONTACT DETAILS (to be used for all necessary reporting / communication purposes)

Residence Phone	Office Phone	Mobile*
Fax Details	Email ID*	

DECLARATION

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 consent to receive information from Central KYC and/or KRA registry through SMS/Email on above registered number/email address.

I am also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I hereby consent to sharing my masked Aadhaar card with readable QR code or my Aadhaar XML/DigiLocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only

FOR OFFICE USE ONLY

E-sign	In-Person Verification (IPV) & Self-Attested copies received by Company Name: Emp Name: Emp Code: Designation: Date: Signature:
Wet - Sign	
Date:	
Place:	
Signature / Thumb Impression of the Applicant	

FATCA & CRS Declaration (Second Holder)

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

TAX RESIDENCE DECLARATION (tick anyone, as applicable)

☐ I am a tax resident of India and not resident of any other country **OR**
☐ I am a tax resident of the country/ies mentioned in the table below

Country #	Tax Identification Number ²	Identification Type (TIN or Other ²)	ISO 3166 Country Code (of Jurisdiction of Residence)	Address (including city, state, country and pin code)

CERTIFICATION
Under penalty of perjury, I certify that:

- I understand that the Nuvama Group is relying on this information for the purpose of determining the status of the account holder named above in compliance with FATCA/CRS. The Nuvama Group is not able to offer any tax advice on FATCA or CRS or its impact on the account holder. I/we shall seek advice from professional tax advisor for any tax questions.
- I agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.
- I agree that as may be required by domestic regulators/tax authorities, the Nuvama Group may also be required to report, reportable details to CBDT or other authorities/agencies or close or suspend my account, as appropriate.

I have understood the information requirements of this Form (read along with the FATCA/CRS Instructions) and hereby confirm that the information provided by me/us on this Form including the taxpayer identification number is true, correct, and complete. I/We also confirm that I/We have read and understood the FATCA Terms and Conditions below and hereby accept the same.

Name:

Date:

Signature:

Sign Here

Place:

This space is intentionally kept blank

Print in BLOCK LETTERS

KYC FORM - INDIVIDUALS (THIRD HOLDER)

KYC Mode* ☒ Normal ☐ EKYC OTP ☐ EKYC Biometric ☐ Online KYC ☐ Offline EKYC ☐ DigiLocker

IDENTITY DETAILS

Name of the Applicant*		PHOTOGRAPH of Applicant Please affix the recent passport size photographs and sign across it	
Maiden Name (if any)			
Father / Spouse Name*			
Mother Name*			
Date of Birth*	PAN*		
Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	Marital Status* <input type="checkbox"/> Single <input type="checkbox"/> Married		
Nationality*	<input type="checkbox"/> IN-Indian <input type="checkbox"/> Others <input checked="" type="checkbox"/> Resident Individual <input type="checkbox"/> Non-Resident Indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin <small>(Passport mandatory for NRIs and Foreign Nationals. PIO selection is only for CKYC and not for KRA KYC. Select NRI or Foreign National based on Nationality of the individual)</small>		
Residential Status*	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculture <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (please specify)		
Occupation*	City of Birth Country of Birth ISO 3166 Country Code		
City of Birth	Country of Birth	ISO 3166 Country Code	Expiry Date (if Any)
Proof of Identity (POI) * <input type="checkbox"/> Aadhaar Card (only last 4 Digits) <input type="checkbox"/> Voter ID Card <input type="checkbox"/> Passport <input type="checkbox"/> Driving license <input type="checkbox"/> NPR <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Others (Any document notified by Central Government)			

ADDRESS DETAILS

Permanent Address*	District* State* City/Town/Village* Country* Pin code* <input type="checkbox"/> Residential/Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified			
	<input type="checkbox"/> Aadhaar Card <input type="checkbox"/> Passport Number <input type="checkbox"/> Voter ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> NPR Letter <input type="checkbox"/> Others			
Doc submitted as POA*	Document number*		Expiry Date (if Any)	
Correspondence Address* <small>if different from above / Overseas Address* (Mandatory for NRI Applicant)</small>	District* State* City/Town/Village* Country* Pin code* <input type="checkbox"/> Residential/Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified			
	<input type="checkbox"/> Aadhaar Card <input type="checkbox"/> Passport Number <input type="checkbox"/> Voter ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> NPR Letter <input type="checkbox"/> Others			
Doc submitted as POA*	Document number*		Expiry Date (if Any)	
Address type to be used for communication		<input type="checkbox"/> Permanent <input type="checkbox"/> Correspondence		

CONTACT DETAILS (to be used for all necessary reporting / communication purposes)

Residence Phone	Office Phone	Mobile*
Fax Details	Email ID*	

DECLARATION

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 consent to receive information from Central KYC and / or KRA registry through SMS/Email on above registered number/email address. I am also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I hereby consent to sharing my masked Aadhaar card with readable QR code or my Aadhaar XML/DigiLocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only

FOR OFFICE USE ONLY

E-sign	In-Person Verification (IPV) & Self-Attested copies received by Company Name: Emp Name: Emp Code: Designation: Date: Signature:
Wet - Sign	
Date:	
Place:	
Signature / Thumb Impression of the Applicant	

FATCA & CRS Declaration (Third Holder)

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

TAX RESIDENCE DECLARATION *(tick anyone, as applicable)*

☐ I am a tax resident of India and not resident of any other country **OR**

☐ I am a tax resident of the country/ies mentioned in the table below

Country #	Tax Identification Number%	Identification Type (TIN or Other%)	ISO 3166 Country Code (of Jurisdiction of Residence)	Address (including city, state, country and pin code)

CERTIFICATION

Under penalty of perjury, I certify that:

- I understand that the Nuvama Group is relying on this information for the purpose of determining the status of the account holder named above in compliance with FATCA/CRS. The Nuvama Group is not able to offer any tax advice on FATCA or CRS or its impact on the account holder. I/we shall seek advice from professional tax advisor for any tax questions.
- I agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.
- I agree that as may be required by domestic regulators/tax authorities, the Nuvama Group may also be required to report, reportable details to CDBT or other authorities/agencies or close or suspend my account, as appropriate.

I have understood the information requirements of this Form (read along with the FATCA/CRS Instructions) and hereby confirm that the information provided by me/us on this Form including the taxpayer identification number is true, correct, and complete. I/We also confirm that I/We have read and understood the FATCA Terms and Conditions below and hereby accept the same.

Name:

Date:

Place:

Signature:

This space is intentionally kept blank