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			ITY DETAIL			7 /			
Name of the Appli		Mr. Kara	an R	am	esh Sal	echo	·		
Maiden Name (if a	ny)							-11	22
Father/Spouse Name Mg. Kamesh Sumermal Jain									1
Mother Name* & Mers. Savitha Ramesh Saletha									
Date of Birth* 25/07-/1990 PAN* CBVPS 6167-E									
Gender* Male Female Transgender Marital Status* Single Married Transgender R Salecha								R Salecha	
Nationality *	☑1N-Indian ☐ Others								
Residential Status	∗ Re	esident Individual	□ Non-Res	ident	Indian  Foreign	n Natio	nal Pers	on of Ind	lian Origin
	□ Pr	rivate Sector 🗆 Pu	ıblic Sector	□ Go	vernment Service	e 🗹 Bu	siness 🗆 F	rofession	nal 🗆 Agriculture
Occupation*		etired 🗆 Housewi							
City of Birth	Mun	nbai c	ountry of Bi	rth	India		ISO 31	66 Count	ry Code IN
	F	Proof of Identity (	POI) *			Ident	ification r	number*	Expiry Date (if Any)
Aadhaar Card(only	ast 4 Digits)	Voter ID Card	Passport 🗆 I	Drivin	g license   NPR	XXX	(X-XXX	-046	1
☐ NREGA Job Card	☐ Others	(Any document notified by Cer				/2//	7		
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	To be filled by the Depository participant in BLOCK LETTERS in English										
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For NRI Only	-	val Ref No:				RBI Appr					
	Stand	ing Instruct	ions if acco	unt to be	opened						Please tick Yes/No
I / We instruct i	the DP to r	eceive each	and every	credit in m	y/our a	ccount.			matic Cre	dit)	✓ Yes □ No
I / We request	you to sen	Electronic	Transaction	n-cum-Holo	ding Sta	tement a	t the	email ID	mention	ed	✓ Yes □ No
In KYC applicati	on Form.										
Account to be o											¥Yes □ No
I/ We wish to re	eceive divi	dend / inter	est directly	into my ba	nk acco	ount as giv	ven a	above thr	ough ECS	(If	M Yes □ No
not marked, th	e default o	ption would	be 'Yes') [	ECS is man	datory f	or location	ns n	otified by	SEBI fro	m	
time to time]											



	Option	for issue o	of DIS Booklet			
Kindly confirm the manner of	receiving DIS booklet	□ I/We	wish to receiv	e the Delivery Instr	uction S	Slip (DIS) booklet
(To be filled by person(s)seek	ing to open a	with account opening.				
Depository account where Po				receive the Delive	ry Instri	ection Slip (DIS)
has been granted to operate t				ppening. However,		
account)	,			diately on my/our		
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	pened in CDS	THE RESERVE OF THE PARTY OF THE		Please tick Yes/No		
I / We would like to instruct t		edge insti	ructions in my	our account withou	out	□ Yes <b>ℒ</b> No
any other further instruction						
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I / We would like to share the	e email ID with the RTA (to	o be select	ed if account o	pened in CDSL)		☐ Yes <b>忆</b> No
Account Statement Requirem	nent	☑ As pe	r SEBI Regulatio	on 🗌 Daily 🗀 Week	ly 🗆 For	tnightly $\square$ Monthly
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For Joint accounts, communi					Circa	Holder
(Note: In case if 'first holder' is selected,						
account holders' is opted, communication other holders will be in electronic mode					□ All J	oint Account Holders
Mode of Operations for Join					□Joint	ly
(Note: If Mode of Operation for Joint Ac		older or surv	ivor(s), only specifi	ed operations such as		ne of the Holder
transfer of securities including Inter-Dep		ecation / mar	gin pledge / margir	re-pledge (creation,		rvivor(s)
closure and invocation and confirmation	n thereof as applicable)	TRUST F	A CILITY		0.00	
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transactions and valu	ue of the portfolio online.	. \		A-		
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	ou of any changes therein, i					
	at any false / misleading info					l information will render
	termination and suitable act hat I /we have received and					ne Beneficial Owner and
	t" as per Annexure C and A					
the rules as are in force	ce from time to time for suc	h accounts	i.			
<ul> <li>The Same has been ca</li> </ul>	alled upon by me in 🔲 Physi	ical Copy	Soft Copy			
<ul> <li>I/we also declare that</li> </ul>	I/We will continue to comp	ly with FE	MA regulations	(In case nonresident		
	Name of Holders				Signatu	ires
Sole/Holder/Guardian	Larian Salech	a ·		Karan R.Sal	echa	
Second Holder				tager Hear		
Third Holder				September		



Nomination Details    / We the sole holder / Joint holders / Guardian (in case of minor) hereby declare that:							
			-in-relation case aware that in case				
of death of all the account holder	nyone for this Demat account and understand (s), my / our legal heirs would need to submit	all the requisite documents / information for c	laiming of assets held in my Demat account,				
which may also include document	ats issued by Court or other such competent a rson who shall receive all the assets held in m	uthority, based on the value of assets held in t	he Demat account. (As per Nominee details given below)				
Nomination Details	Nominee 1	Nominee 2	Nominee 3				
(Volimation Details							
Name of the nominee(s)	Shefali Karan Salech		24				
Share of each nominee	100	%	%				
	Any odd lot after division shall be transfe	erred to the first nominee mentioned in the f					
Nominee Identification	Photograph & Signature	☐ Photograph & Signature	☐ Photograph & Signature				
details (Optional)			□ PAN				
	□ PAN	PAN	☐ Aadhaar				
(Please tick anyone of following	Aadhaar	☐ Aadhaar	☐ Saving Bank Account No.				
and provide details of same)	Saving Bank Account No.	Saving Bank Account No.	☐ Demat Account ID				
and provide details of servey	☐ Demat Account ID	☐ Demat Account ID	☐ Proof of Identity				
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Address of Nominee(s)	Same As Applicant	and some is represent					
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			10 10				
	- 1- 8 mm						
Mobile/Tel No (Optional)		9. <sup>11</sup>					
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	(Provide relevant proof)	(Provide relevant proof)	(Provide relevant proof)				
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Signature:	καιωνι	July (T)A	[5]				

Acknowledgement Receipt						
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We Hereby acknowledge the receipt of the A	ccount Opening Form					

Name of the Sole / Holder Second Holder Third Holder Date **Depository Participant Sign** 

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## 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)

lam a tax resident of India and not resident of any other country

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

Country #	Tax Identification Number*	ry/ies mentioned in the Identification Type (TIN or Other%)	ISO 3166 Country Code (of Jurisdiction of Residence)	Address (including city, state, country and pin code)
			-ILICATION	

## 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
- 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

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

and complete. If we also comment	
accept the same. Name:	Date:
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Signature:	

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