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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 & Block, BKC Main Road, Bandra Kula Complex, Bandra East, Mumbai-400051  Please tick anyone of the Below  S'NSOL DEMAT (DP ID - IN303719)  To be filled by the Depository participant in BLOCK LETTERS in English  Application No  Client ID  DP Internal Ref No  Details of Account Holders  Account Holders  Sole /First Holder  Sole /First Holder  Sole /First Holder  FEF/RPEP  PEP/RPEP  PEP/RPEP  PEP/RPEP  PEP/RPEP  PEP   Yes PNo  PEP/RPEP  No  No  No  No  No  No  No  No  No  N	Add	litional K	VC Form fo	r Open	ing a	Demat A	ccour	t OPENI	NG	NSDL and	CDSL (I	ndiv	idual)
Please tick anyone of the Below   To be filled by the Depository participant in BLOCK LETTERS in English				NUVA	MAW	EALTH AND	INVE	STMENT I	IMI	TED			
Please tick anyone of the Below   To be filled by the Depository participant in BLOCK LETTERS in English	Eigl	nt Floor 801	to 804, Inspi	re BKC G	Block,	BKC Main I	Road, E	landra Kui	la C	omplex, Band	ra East, N	/umb	ai-400051
To be filled by the Depository participant in BLOCK LETTERS in English  Application No  Client ID  Details of Account Holders  Account Holders  Sole /First Holder  Account Holders  Name *  DTM/LE SUMHRAJ  NAME *  DYes No  Yes No  No  No No No No No No No No No No No No No N	2.9			Р	lease	tick anyo	ne of	the Bel	ow				
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SMS alert facility  Mobile number mandatory if POA selected  Mobile No. for SMS alert  SMS alert facility  INCOME RANGE PER ANNUM  Gross Annual Income* (Not older than 1 year)  Net Worth Details (Not older than 1 year)  Type Of Account (Please tick whichever is applicable)  Status  Sub Status  Individual			PAH	H F									
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Type Of Account (Please tick whichever is applicable)  Status  Sub Status  Individual  Individual/Ordinary Resident  Others (please specify)  NRI  NRI Repatriable  NRI Non-Repatriable 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 Pin 400001  Account type Saving Current Others Account No 201015570364	Manual Control of Cont	100 TV 100 TV	☐ INR 1	- 5 Lacs				10-25	Loc	-	Т		
Status   Sub Status   Individual   Individual/Ordinary Resident   Others (please specify)   NRI   NRI Repatriable   NRI Non-Repatriable   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   Pin   400001   Account type   Saving   Current   Others   Account No   201015570364								As or	Da	te			
Status  Individual  Individual/Ordinary Resident  Others (please specify)  NRI  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  Pin 400001  Account type  Saving  Current  Others  Account No 201015570364	(Not older than	n 1 year)	Tv	ne Of A	ccount	t (Please t	ick wl	nichever	is a	oplicable)			
Individual	Ctatus				ccourt	. (1.0000							
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 Pin 400001  Account type Saving Current Others Account No 201015570364					ary Resi	ident 🗆 (	Others	(please sp	ecif	y)			
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 Pin 400001  Account type Saving Current Others Account No 201015570364			☐ NIPI Pan	atriable [	NRII	Non-Renati	riable	☐ Other	s (p	lease specify)			
BANK NAME INDUSIND BANK  Address 61, SONAWALA BUILDING, MUMBAI SAMACHAR MARG, FORT MUMBAI  City MUMBAI State MAHARASHTRA Country INDIA Pin 400001  Account type Saving Current Others Account No 201015570364	IVKI		□ ми кера	attiable		ton nepan			**				
BANK NAME INDUSIND BANK  Address 61, SONAWALA BUILDING, MUMBAI SAMACHAR MARG, FORT MUMBAI  City MUMBAI State MAHARASHTRA Country INDIA Pin 400001  Account type Saving Current Others Account No 201015570364													
Address 61, SONAWALA BUILDING, MUMBAI SAMACHAR MARG, FORT MUMBAI  City MUMBAI State MAHARASHTRA Country INDIA Pin 400001  Account type Saving Current Others Account No 201015570364				В	ank De	etails (Div	idend				OPT	_	
City MUMBAI State MAHARASHTRA Country INDIA Pin 400001  Account type Saving Current Others Account No 201015570364	BANK NAME	INDUSIN	ID BANK								UKI	_	
Account type Saving Current Others Account No 201015570364	Address	61, SON	AWALA BUI	LDING, I	MUMB	BAI SAMAC	CHARI	MARG, FO	JRI	MUMBAI			
Account type ☐ Saving ☑ Current ☐ Others Account No 201015570364	City	MUMBA	AI S	itate	MAH	ARASHTRA	4	Country	1	INDIA		Pin	400001
400334000		-		ent 🗆 O	thers			Account	No	20101557	0364		
TEST LODG LINUDUUUUUJ	IFSC Code					MIRC Co	ode	4002340	009				
For NRI Only RBI Approval Ref No: RBI Approval Date :		Tarana en	STATE OF STA					RBI App	rova	Date:			
Standing Instructions if account to be opened in NSDL/ CDSL Please tick Ye	Por tera Only			tions if	accour	nt to be or	ened	in NSDL	/ CD	SL			Please tick Yes/No
I/ We instruct the DP to receive each and every credit in my/our account. (Automatic Credit)	I / We instruct	the DP to	receive each	and ev	ery cre	dit in my/	our a	ccount.		(Automo	itic Crec	lit)	
1/ We request you to send Electronic Transaction-cum-Holding Statement at the email ID mentioned Yes \( \subseteq \text{Yes} \( \subseteq \text{No} \)	1 / We request	vou to sen	d Electronic	Transac	ction-c	um-Holdii	ng Sta	tement a	t th	e email ID m	entione	ed	✓Yes □ No
In KYC application Form.													
Account to be operated through DDPI/ Power of Attorney (POA)			hrough DDF	I/ Powe	r of At	torney (Po	OA)						✓Yes □ No
I/ We wish to receive dividend / interest directly into my bank account as given above through ECS (If Yes \subseteq No	I/ Me wish to r	ereive div	idend / inter	rest dire	ctly in	to my ban	k acco	unt as gi	ven	above throu	igh ECS	(If	✓Yes □ No
not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from	not marked, th	e default	option woul	d be 'Ye	s') [EC	S is manda	atory f	or location	ons	notified by S	EBI fror	n	



-	Outloo	for leave of the c	ht-a			
Wandly confirm the manner	of receiving DIS booklet (To be	for issue of DIS Boo		Non-Ch-	(DIS) booklet with	
			eive the Delivery Instruc	tion Slip	(DIS) BOOKIET WITH	
filled by person(s)seeking to		account opening.				
where Power of Attorney / [		√ I/We do not wish to receive the Delivery Instruction Slip (DIS) booklet				
operate the Depository acco	untj	with account openin	g. However, the DIS boo	klet sho	uld be issued to me/us	
		immediately on my/o	our request at a later da	ite.		
St	tanding Instructions if accoun	nt to be opened in (	DSL		Please tick Yes/No	
	the DP to accept all the pledge			ther	□ Yes ✓ No	
further instruction from my/		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		1103 197 110	
	option would be 'No (to be selec	ted if account opened	in CDSLII			
	the email ID with the RTA (to				☐ Yes ☑ No	
Account Statement Requ	irement	₩ As per SEBI Regul	ation $\square$ Daily $\square$ Weel	dy 🗌 For	tnightly [ Monthly	
Annual Report Requirem	ent	☐ Physical S Electr	ronic  Both Physical a	nd Electi	ronic	
(If not marked the default option w		La rinjulcar tar allows				
For Joint accounts, comm	nunication to be sent to	·		_		
(Note: In case if 'first holder' is select	cted, the communication will be sent as			☐ First	t Holder	
	ication to first holder will be sent as per			☐ All J	oint Account Holders	
	node. The default option will be commu	inication to 'first holder', if i	no option selected)			
The state of the s	oint Accounts of securities nt Account is chosen as anyone of the h	alder ar summinaria) ambusm	acified enerations such as	□Joint	ily	
	nt Account is chosen as anyone of the n r-Depository Transfer, pledge / hypothe			1	one of the Holder	
closure and invocation and confirm				or Su	rvivor(s)	
		TRUST FACILITY				
I wish to avail the TRUST fac	ility using the Mobile number re	egistered for SMS Aler	t Facility I have read and	d	5 v 5 v	
understood the Terms and C	Conditions prescribed by CDSL fo	or the same.			☐ Yes ☑ No	
☐ I/We wish to register the	following clearing member IDs (	under my/our below n	nentioned BO ID registe	red for	(If selected Yes please clearing member details)	
TRUST Annexure B					clearing member decoray	
Stock Exchange Name/ID	Clearing Member Nam	ne Clearing I	Member ID (Optional	)		
Easi To register for e a	asi, please visit our website w	ww.cdslindia.com.l	asi allows a BO to vie	w his IS	IN balances,	
	value of the portfolio online.			34.15338.338		
transactions and		DECLARATION				
I/We hereby declare the	at the details furnished above a	re true and correct to	the best of our knowled	ge and t	elief and we undertake	
to inform you of any ch	anges therein, immediately.					
	any false / misleading informat			terial info	ormation will render my	
account liable for termi	nation and suitable action. I/We	are aware that we m	ay be held liable for it.	uno romanista		
I/We acknowledge that	t I/we have received and read	Rights and Obligati	ons, Terms & Conditio	ns of the	Beneficial Owner and	
Depository Participant" accounts.	as per booklet. I/we agree to ab	olde by and to be boul	nd by the rules as are in	Torce tro	im time to time for such	
	ed upon by me in  Physical Co	any Staff Conv				
	/We will continue to comply wit		In case nonresident acc	ountl		
	the following conditions the ac				ount:	
	poses to have only one demat a					
	only one BSDA in his/her name :					
	n the demat account shall not e	exceed Rs. 10 Lakhs fo	or debt and other than	debt sec	urities combined at any	
point of time.						
	Name of Holders			Signatu	ires	
Sole/Holder/Guardian	DIMPLESUKHRA	JNAHAR	P Dimple s	Nach	ar	
Second Holder	-4/		dods I -			
Third Holder		Grand Control	Significan			



	Namis	nation Details	
I /We the sole holder / Joint ha	lders / Guardian (in case of minor) hereby de	ration Details	
	A ALL BURNESS OF THE STATE OF T	the second of th	iminee(s) and further are aware that in case
☐ I/We nominate the following pe		y / our account in the event of my / our death	(As per Nominee details given below)
Nomination Details	Nominee 1	Nominee 2	Nominee 3
Name of the nominee(s)			
	%	%	%
Share of each nominee			
	1	ferred to the first nominee mentioned in the i	
Nominee Identification	☐ Photograph & Signature	Photograph & Signature	1 Photograph & Signature
details (Optional)		· · ·	
	□ PAN	□ PAN	PAN
- Stallandar	☐ Aadhaar	☐ Aadhaar	☐ Aadhaar
(Please tick anyone of following	Saving Bank Account No.	Saving Bank Account No.	☐ Saving Bank Account No.
and provide details of same)	☐ Demat Account ID	☐ Demat Account ID	☐ Demat Account ID
	☐ Proof of Identity	☐ Proof of Identity	☐ Proof of Identity
	(Provide relevant proof)	(Provide relevant proof)	(Provide relevant proof)
	Ties of early U.S.	A Mist (there)	
Relationship (With Applicant)			
	☐ Same As Applicant	☐ Same As Applicant	☐ Same As Applicant
Address of Nominee(s)	Li Same As Applicant	D Salle As Applicant	
		_ =/-	
			-
Mobile/Tel No (Optional)			
Email ID (Optional)			
Date of Birth		193****	DE REMOVE
(Mandatory if Nominee is a minor)			0.0
Guardian Name	300		
Address of the Guardian	☐ Same As Applicant	☐Same As Applicant	☐ Same As Applicant
Address of the dualdian	Same As Applicant	Lisame is reprisent	
Mobile/Tel No (Optional)			
Email ID (Optional)			
Relationship* (With Nominee)			
Guardian Identification	☐ Photograph & Signature	☐ Photograph & Signature	☐ Photograph & Signature
	- Indugraph & Signature	C Hotograph & orginatore	
Details Optional:	□ PAN	□ PAN	□ PAN
(Please tick anyone of following	☐ Azdhaar	☐ Aadhaar	☐ Aadhaar
and provide details of same)			Saving Bank Account No.
	☐ Saving Bank Account No.	☐ Saving Bank Account No.	The Person of th
	☐ Demat Account ID	☐ Demat Account ID	☐ Demat Account ID
	☐ Proof of Identity	☐ Proof of Identity	Proof of Identity
	(Provide relevant proof)	(Provide relevant proof)	(Provide relevant proof)
	and the second s		1
	49 Haldan	201 Holder	3 <sup>rd</sup> Holder
Signature of the Holder(s)	1º Holder p Disuple 5 Nahas	2 <sup>nd</sup> Holder	3 - Holder
	1 Dinibre 2	14	
Signature of witness, along with na	me and address are reented if the account to	older Affixes thumb impression, instead of sign	nature



/				
			eclaration (First Holder)	FATCA B. COS classification)
(Plea				FATCA & CRS classification)
			ARATION (tick anyone, as app	licane)
I am a ta	x resident of India and	not resident of any ot	her country OR	
🔲 I am a ta	x resident of the count	try/ies mentioned in th	e 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)
THE STATE OF			MOINEAUTION	
I under the advice for an	ccount holder named a e on FATCA or CRS or it ny tax questions.	na Group is relying on above in compliance wi ts impact on the accou	ith FATCA/CRS. The Nuvam nt holder. I/we shall seek a	rpose of determining the status of a Group is not able to offer any tax advice from professional tax advisor
<ul> <li>I agre to rep</li> </ul>	e that as may be requi port, reportable details	red by domestic regula	information or certification ators/tax authorities, the N norities/agencies or close on	n on this form becomes incorrect. uvama Group may also be required r suspend my account, as
I have under confirm that and complet accept the s	the information provi te. I/We also confirm t ame.	ded by me/us on this F hat I/We have read an	orm including the taxpayer	FATCA/CRS Instructions) and hereby identification number is true, correct, rms and Conditions below and hereby
Name: DI	MPLE SUKHRAJ	NAHAR	Date: 2 o	1-10-2024
Signature:	MPLE SUKHRAJ y Dsimple S	Natur	Place: ™	UMBAI

[5]

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

Ackn	owledgement 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	





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

I hereby give consent to download/fetch my records/details from CKYCR/KRA to Nuvama Wealth and investment limited, for the purposes of

establishing an account-based relationship/modification of the existing records.

FOR OFFICE USE ONLY			
In-Person Verification (IPV) & Self-Attested copies received by			
Company Name:			
Emp Name:			
Emp Code:			
Designation:			
Date:			
Signature:			
	Company Name: Emp Name: Emp Code: Designation: Date:		



or V 13 9-24

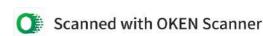
Signature:



1		FATCA & CRS Dec	claration (Second Holde	er)
(Pleas				n FATCA & CRS classification)
			ARATION (tick anyone, as a	oplicable)
□ Lam a tax	resident of India and	not resident of any ot	her country OR	
		try/ies mentioned in th		
	Tax Identification	Identification Type	ISO 3166 Country Code	Address
Country *	Number*	(TIN or Other%)	(of Jurisdiction of Residence)	(including city, state, country and pin code)
				1
		CI.	MONEY	
			SILIPICANICEIO	
<ul> <li>I und the a advice</li> </ul>	ccount holder named e on FATCA or CRS or	ma Group is relying on above in compliance w its impact on the accou	nt holder. I/we shall seek	urpose of determining the status of na Group is not able to offer any tax advice from professional tax advisor
		m within 30 days if any	information or certification	on on this form becomes incorrect. Nuvama Group may also be required
• lagre	e that as may be requ	ired by domestic regula	ators/tax authorities, the	Nuvama Group may also be required or suspend my account, as
to re	port, reportable detail	s to CBD1 or other auti	IDITIES/ ESCHOLES C.	No. 15 This year of manager (1.0 mile)   partie
appro	opriate.		, the state of the	a EATCA/CRS Instructions) and hereby
I have unde confirm that and comple	rstood the information t the information provi te. I/We also confirm	ided by me/us on this F that I/We have read an	orm including the taxpaye d understood the FATCA T	r identification number is true, correct, erms and Conditions below and hereby
accept the s				
Name:			Date:	
			Place:	

This space is intentionally kept blank





Wet - Sign

Signature / Thumb Impression of the Applicant

Company Name: Emp Name:

Emp Code: Designation: Date: Signature:



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

TAX RESIDENCE DECLARATION (tick anyone, as applicable)

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

Jiam 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)
			NEW TON	

## 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. I/We also commit that if		
accept the same.	Date:	
Name:		
	Place:	
Signature:		

This space is intentionally kept blank

