

To be miled in BLOCK LETT		- INDIVIDUALS (FIRST	HOLDER)
KYC Mode*	ormal		
	IDENTITY DE		
Name of the Appli	cant* PRIX DECPAR	BHAWARDAL Las	st Name NAHAR
Maiden Name (if a			st Name
Father / Spouse N		MidBABODAL Las	st Name NAHAR
Mother Name*	RUPES FUGNAME DE		
Date of Birth*	10/10/1941	PAN* AACPN	3236B Deap ell Dahel
			gle Married
		Ital Status Sill	gie Viviairieu
Nationality *	IN-Indian Others	a-Resident Indian 🗆 Fo	reign National Person of Indian Origin
Residential Status	(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)
Occupation*			ervice Business Professional Agriculture
	☐ Retired ☐ Housewife ☐ St		
City of Birth	HOSEPET Country Proof of Identity (POI) *	OT BILLIU THOUTH	Identification number* Expiry Date (if Any)
Andhaan Card	last 4 Digits) Voter ID Card Passpor	rt Driving license DN	
	Others (Any document notified by Central Government)		XXXX-XXX-3498 DD/MM/YYYY
LI INITEGATOD Card		ADDRESS DETAILS	
			ROAD, NEAR JARI MARI PEMPLE,
Permanent	WORLI		City/Town/Village* MUMBAI
Address*	District* MUMBAI State*	MAHARASHTRA	Country* INDIA Pin code* 400018
	☐ Residential/Business	ntial Business R	egistered Office Unspecified
Doc submitted	Aadhaar Card Passport Number Vo	ter ID Card Driving License	NREGA Job Card NPR Letter Others
as POA*	Document number*	** ** * * * * * * * * * * * * * * * *	Expiry Date (if Any) DD/MM/YYYY
Correspondence Address* if different from above / Overseas Address* (Mandatory for NRI Applicant)	District* ☐ Residential/Business ☐ Reside	ential 🗆 Business 🗆 R	City/ Town/Village* Country* Pin code* egistered Office Unspecified
Doc submitted	Aadhaar Card Passport Number Vo	ter ID Card Driving License	NREGA Job Card NPR Letter Others
as POA*	Document number*		Expiry Date (if Any) DD/MM/YYYY
Address type to b	e used for communication	Permanent	☐ Correspondence
	CONTACT DETAILS (to be used	d for all necessary report	ing / communication purposes)
Residence Phone	Office	Phone	Mobile* 9820148622
Fax Details	Email	ID* Deepakb	hahar @ gmail. Eom
I may be held liable for I hereby consent to related a masked Aadhaar card Intermediaries with which is the lates of the l	ediately. In case any of the above information it. eceive information from Central KYC and for Aadhaar OVD based KYC, my KYC required with readable QR code or my Aadhaar whom I have a business relationship for key	I/or KRA registry through Siquest shall be validated again XML/Digilocker XML file, all KYC purposes only from CKYCR/KRA to Nuvam	knowledge and belief and I undertake to inform you of any or untrue or misleading or misrepresenting, I am aware that MS/Email on above registered number/email address. inst Aadhaar details. I hereby consent to sharing my ong with passcode and as applicable, with KRA and other a Wealth and investment limited, for the purposes of
E-sign		maile the first	Qode Advisor LLP FOR OFFICE USE ONLY
L-3igii		fn-Person \	/erification (IPV) & Self-Attested copies received by
		Company Name:	IN-PERSON VERIFICATION
Wet - Sign		Emp Name: Emp Code:	Date of Verification 28 111 202 4
2 Deep sign	Here	Designation:	Name of Official Vaibhow Jain
Date: 28/11/2024	Place: MUMBAI	Date:	Designation of Empl Operations Analyt
Signature / Thumb Impress	ion of the Applicant	Signature:	Employee Code 005
		[1]	Signature of Official Voilbhow Jak



Ac	dditional l	CYC Form for Opening	a Demat Acco	ount OPENING NSDL a	nd CDSL (Inc	lividual)
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El	ght Floor 80	1 to 804, Inspire BKC G Bloc		of the Below	andra East, Mui	mbai-400051
✓ NSDL DEMAT	(DP ID – II			CDSL DEMAT (DP ID -		1
E NODE DENIAL	-	be filled by the Depo			in English	
Application No		Client ID	, particip	DP Internal		
Date		M/YYYY				
	I/We req	uest you to open a Depo	sitory account	in My/Our name as pe	the below D	etails
		D	etails of Accou	nt Holders		
Account Holders		Sole /First Holde		Second Holder		Third holder
Name *		DEEPAK BHAWAR	LAL			
PEP/RPEP *		☐ Yes ☑ No		'es □ No	☐ Yes ☐	No
SMS alert facili Mobile number ma POA selected	•	✓Yes □ No	□ Ү	es □ No	☐ Yes ☐	No
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		INCO	OME RANGE F	PER ANNUM		
Gross Annual	Income*	☐ Up to INR 1 Lac		INR 5 - 10 Lacs	☑ INR 2	5 Lacs - 1 crore
(Not older tha	n 1 year)	□ INR 1 - 5 Lacs		INR 10 - 25 Lacs		than INR 1 crore
Net Worth (Not older tha				As on Date		
Chahara		The second secon	nt (Please tick	whichever is applicable)		
Status Individual		Sub Status	-			
NRI		Individual/Ordinary Re				
IVIII		□ NRI Repatriable □ NRI	Non-Repatriable	e Others (please speci	fy)	
DANK NAME	INDUSTR		etails (Dividen	d Bank Details)		
Address	INDUSIN			Branch Name	FORT	
Address	61, SUNA	AWALA BUILDING, MUMI	3AI SAMACHAR	R MARG, FORT MUMBAI		
City	MUMBAI	State MAH	ARASHTRA	Country INDIA	Pir	400001
Account type	☐ Saving	Current □ Others		Account No 201015		
IFSC Code	INDB0000	033	MIRC Code	400234009		
For NRI Only	RBI Appro	val Ref No:		RBI Approval Date :		
	Standi	ing Instructions if accour	nt to be opene	d in NSDL/ CDSL		Please tick Yes/No
		ceive each and every cre			natic Credit)	✓Yes □ No
I / We request y	ou to send	Electronic Transaction-c	um-Holding Sta	atement at the email ID	mentioned	✓Yes □ No
In KYC application						
		rough DDPI/ Power of At				✓Yes □ No
I/ We wish to re not marked, the time to time]	ceive divid default op	end / interest directly int tion would be 'Yes') [ECS	o my bank acc	ount as given above thro for locations notified by	ough ECS (If SEBI from	✓Yes □ No



We wish to receive the Delivery Instruction Slip (DIS) booklet with account operate the Depository account where Power of Attorney / DDP) has been granted to operate the Depository account where Power of Attorney / DDP) has been granted to operate the Depository account where Power of Attorney / DDP) has been granted to operate the Depository account operate the Depository account operate the Depository account operate the Depository account operate of the DDP operation of the DDP operate of the DDP operation operation operation operations such as transfer of securities including inter-Dopostory Transfer, placed by the DDP operation of the DDP operation operation operations such as transfer of securities including inter-Dopostory Transfer, placed by the DDP operation of the DDP operation o
where Power of Attorney / DDPI has been granted to operate the Depository account) Value on out 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. Value 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. 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. Yes
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
with account opening. However, the DIS booklet should be issued to me/us immediately on my/our request at a later date. 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) We would like to share the email ID with the RTA (to be selected if account opened in CDSL) We would like to share the email ID with the RTA (to be selected if account opened in CDSL) We would like to share the email ID with the RTA (to be selected if account opened in CDSL) Yes
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If not marked, the default option would be 'No (to be selected if account opened in CDSL)
Account Statement Requirement Annual Report Requirement Annual Report Requirement (if not marked the default option would be in Physical) 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 accounts holders' is opted, communication to first holder will be sent as per the preference mentioned and communication to be the holders will be in electronic mode. The default option will be communication to 'Inst holder', if no option selected' Mode of Operations 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) 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. //We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for If selected Yes please clearing member details) 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 booklet. I/we agree to abide by and to be bound by the rules as are
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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) Note: In case your proof the following conditions the associate will be opposed under Basic Services Demat Account: On the case your proof the following conditions the associate will be opposed under Basic Services Demat Account:
Note: In case you meet the following conditions the account will be opened under Basic Services Demat Account: 1. The individual has or proposes to have only one demat account where he/she is the sole or first holder
2. The individual shall have only one BSDA in his/her name across all depositories
3. value of securities held in the demat account shall not exceed Rs. 10 Lakhs for debt and other than debt securities combined at any
point of time.
Name of Holders Signatures
Sole/Holder/Guardian DEEPAK BHAWARLAL NAHAR Seepak Nahal
Second Holder Sign Here
Third Holder Sign Here



	Nomin	ation Details	
☐ I/We do not wish to nominate a of death of all the account holde	Iders / Guardian (in case of minor) hereby de nyone for this Demat account and understand r(s), my / our legal heirs would need to submit	the issues involved in non-appointment of no all the requisite documents / information for	claiming of assets held in my Demat account,
	nts issued by Court or other such competent a erson who shall receive all the assets held in m		
Nomination Details	Nominee 1	Nominee 2	Nominee 3
Name of the nominee(s)	POOJA DEEPAK NAHAR		
Share of each nominee	100 %	%	%
		erred to the first nominee mentioned in the f	THE PROPERTY OF THE PARTY OF TH
Nominee Identification details (Optional) (Please tick anyone of following and provide details of same)	□ Photograph & Signature □ PAN AHFPN 10 2 6 M □ Aadhaar □ Saving Bank Account No. □ Demat Account ID □ Proof of Identity	□ Photograph & Signature □ PAN □ Aadhaar □ Saving Bank Account No. □ Demat Account ID □ Proof of Identity (Provide relevant proof)	□ Photograph & Signature □ PAN □ Aadhaar □ Saving Bank Account No. □ Demat Account ID □ Proof of Identity (Provide relevant proof)
	(Provide relevant proof)	IP NO. (If amy)	(D NO. () Lany
Relationship (With Applicant)	SPOUSE		☐ Same As Applicant
Address of Nominee(s)	Same As Applicant	☐ Same As Applicant	
Mobile/Tel No (Optional)			
Email ID (Optional)			
Date of Birth (Mandatory if Nominee is a minor)		/MM/YYYY	DD/MM/YYYY
Guardian Name			
Address of the Guardian	□ Same As Applicant	□Same As Applicant	□ 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)	□ Photograph & Signature □ PAN □ Aadhaar □ Saving Bank Account No. □ Demat Account ID □ Proof of Identity (Provide relevant proof)	□ Photograph & Signature □ PAN □ Aadhaar □ Saving Bank Account No. □ Demat Account ID □ Proof of Identity (Provide relevant proof)	□ Photograph & Signature □ PAN □ Aadhaar □ Saving Bank Account No. □ Demat Account ID □ Proof of Identity (Provide relevant proof)
	ID NO. (If any)	(D NO. (If any)	ILI NO. (If any)
Signature of the Holder(s)	me and address are required, if the account he	CalSign Here	Sign Here



(Plea	se consult your pro		eclaration (First Holder)	n FATCA & CRS classification)
,,,,,,			ARATION (tick anyone, as app	
I am a tax	resident of India and	not resident of any ot	her country OR	
☐ I am a tax	resident of the count	ry/ies mentioned in th	ne 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)
		CED	TIFICATION	
 I agree I agree to repapped I have undersconfirm that 	y tax questions. It to submit a new form that as may be requited for the reportable details priate. It is tood the information the information provide. If We also confirm the results of the information provides.	n within 30 days if any red by domestic regula to CBDT or other auth requirements of this ded by me/us on this F	information or certification ators/tax authorities, the Norities/agencies or close of Form (read along with the orm including the taxpayer	n on this form becomes incorrect. Juvama Group may also be required or suspend my account, as FATCA/CRS Instructions) and hereby dentification number is true, correct, terms and Conditions below and hereby
Name: D	CEPAK BHAWA			8/11/2024 NUMBAI
			[5]	
		Please 1	Fear Here	
		Acknowl	edgement Receipt	

Ackno	owledgement Receipt	
Application No	Date	DD/WW/AAAA
We Hereby acknowledge the receipt of the Account	Opening Form	
Name of the Sole / Holder		
Second Holder		
Third Holder		
Depository Participant Sign	Date	DD/WW/YYW





To be filled in BLOCK LETTERS



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Father / Spouse N	lame*	Prefix First Mili	ne Mid	die Name	Lait N	âme		Please	o office	ne recent
Mother Name*		Prefin First Na	ne Mid	ddile Name - Last Name						hotographs
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as POA*	Docume	ent number*					Expiry Date	e (if Any)	DD/MN	VYYYY
Correspondence Address* if different from above / Overseas Address* (Mandatory for NRI Applicant)	District*	the state of the s	state* Residential	☐ Busine		ountry*	ty/ Town/Village	Pin	ode*	
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Address type to b	e used fo	r communication		□ Perm	anent \square	Corres	oondence			
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Residence Phone			Office Pho	ne		1	Mobile*			
Fax Details			Email ID*							
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			ARATION (tick anyone, as app	FATCA & CRS classification)
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☐ I am a tax	resident of the count	try/ies mentioned in th	ne 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
			×	
		CER	TIFICATION	
Under penal	ty of perjury, I certify	that:		
• Lunde	rstand that the Nuvar	ma Group is relying on	this information for the pu	rpose of determining the status of
the ac	count holder named a	above in compliance w	ith FATCA/CRS. The Nuvam	a Group is not able to offer any tax
		ts impact on the accou	int holder. I/we shall seek a	dvice from professional tax advisor
	y tax questions.	within 20 days if any	information or certification	n on this form becomes incorrect.
• lagre	e to submit a new form	ired by domestic regular	ators/tax authorities, the N	uvama Group may also be required
to ren	ort, reportable details	to CBDT or other auth	norities/agencies or close o	r suspend my account, as
appro	priate.			
I have under	stood the information	n requirements of this	Form (read along with the	FATCA/CRS Instructions) and hereb
C' 41-4	the information provi	ded by me/us on this F	form including the taxpayer	identification number is true, correct
confirm that				
and complet	e. I/We also confirm t	that I/We have read an	d understood the FATCA Te	rms and Conditions below and hereb

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Sign Here

Place:



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I am a tax re	esident of India and	not resident of any ot rry/ies mentioned in th Identification Type (TIN or Other%)		Address (including city, state, country and pin code)
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Country#	Tax Identification	Identification Type	ISO 3166 Country Code	
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Place: