To be filled in BLOCK LET	TERS						
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Father / Spouse 1	Name*	Mar 1300	ij Biharci	Damo	dan	ruttle Chadza Bill	112-
Mother Name*		Mers. Po	colmini 1	ville	2	a dest Birt	The same of the sa
Date of Birth*		09/12/1	986 PAF	1716	SPMS	, han 3887B	Marine
Gender* ☑Mal			er Marital Sta	atus*	_1 Single	☐-Married	100
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Residential Statu	S* Prespon	esident Individu t mandatory for NRIs and For	al LI Non-Resid	n is only for CKYC an	d not for KRA KYC	n National Person of Select NRI or Foreign National based	on Nationality of the individual)
Occupation*	□ Pr	rivate Sector 🗆	Public Sector ☐ wife ☐ Student	Governme Others (nt Service nlease sn	ecify) Self – Em	essional 🗆 Agriculture
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☐ NREGA Job Card			Central Government)			WW. WWY.	1702
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Correspondence Address*						City/ Town/Village*	
if different from above / Overseas Address*	District*		State*		Col	untry*	Pin code*
(Mandatory for NRI Applicant)	☐ Reside	ential/Business	☐ Residential ☐	Business	☐ Registe	ered Office 🔲 Unspe	cified
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Residence Phone			Office Phone	0.	0 1 1		820191286
Fax Details			Email ID*		i leshir	nittle@ gma	il. com
I hereby declare that	the details	furnished above ar		LARATION to the best o	f my knowl	edge and belief and I un	dertake to inform you of any
changes therein, imm	ediately. In	case any of the ab	ove information is	found to be f	alse or unti	ue or misleading or misr	epresenting, I am aware that
I may be held liable for		nation from Centra	I KYC and/or KRA	registry throu	igh SMS/Er	nail on above registered	number/email address.
I am also aware that i	or Aadhaar	OVD based KYC, m	y KYC request shal	l be validated	d against Aa	adhaar details. I hereby c	onsent to sharing my
masked Aadhaar card Intermediaries with v					ile, along w	ith passcode and as appli	icable, with KRA and other
I hereby give consent	to downloa	d/fetch my record	s/details from CKY	CR/KRA to Nu	ıvama Wea	Ith and investment limite	ed, for the purposes of
establishing an accou	nt-based re	lationship/modifica	ation of the existing	g records.			
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Add	ditional K	/C Form fo	r Opening a	Demat /	Accour	t OPENI	NG N	SDL and	CDSL (Inc	dividual)
			NUVAMA W							
Eigl	ht Floor 801	to 804, Inspi	re BKC G Block,			the Belo		plex, Bandr	a East, Mu	mbai-400051
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	I we requ	est you to		ails of A			ut-uti-	es per di		Action 6
Account Holders		Sol	e /First Holder		ccount	Second	Holde	r		Third holder
Name *		Shail	lesh B M	ettle						
PEP/RPEP *		☐ Yes ☑	No		☐ Yes	□ No			☐ Yes [□ No
SMS alert facilit	У	⊠ Yes □	No	7 4	☐ Yes	□ No			☐ Yes 〔	□No
Mobile number man	ndatory if								15	
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			INCO	ME RAN	NGE PE	R ANNUI	M			
Gross Annual	Income*	☐ Up to	☐ Up to INR 1 Lac		INR 5 - 10 Lacs		☐ INR 25 Lacs - 1 crore			
(Not older than	n 1 year)	☐ INR 1 - 5 Lacs		☐ INR 10 - 25 Lacs		☐ More than INR 1 crore				
Net Worth I (Not older than				Text	As on Date					
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BANK NAME	INDUSIN				A. A.				ORT	
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IFSC Code	INDB000	0033		MIRC	Code	4002340	009			
For NRI Only		val Ref No: RBI Approval Date :					1			
Standing Instructions if account to be opened in NSDL/ CDSL 1 / We instruct the DP to receive each and every credit in my/our account. (Automatic Credit)						Please tick Yes/No t) ⊠Yes □ No				
I / We instruct										
I / We request In KYC applicat		d Electronic	Transaction-o	cum-Holo	ding Sta	tement a	t the	email ID m	entioned	
Account to be		hrough DDF	PI/ Power of A	ttorney (POA)					Yes □ No
I/ We wish to r not marked, th time to time]	eceive divi	dend / inte	rest directly in	to my ba	nk acc	ount as gi	ven a	bove throu otified by S	igh ECS (I EBI from	f ⊠Yes □ No



	Option	for issue of DIS Boo	klet				
indly confirm the manner	of receiving DIS booklet (To be	☐ I/We wish to receive the Delivery Instruction Slip (DIS) booklet with					
	o open a Depository account	account opening.					
where Power of Attorney /		, ,	✓ I/We do not wish to receive the Delivery Instruction Slip (DIS) booklet				
operate the Depository acc							
operate the depository acc	ouncy		vith account opening. However, the DIS booklet should be issued to me/us				
		immediately on my/	our request at a later da	ite.			
	Standing Instructions if accou				Please tick Yes/No		
1/ We would like to instruc	t the DP to accept all the pledge	instructions in my/ou	r account without any o	ther	☐ Yes ☑ No		
further instruction from my							
	option would be 'No (to be selec						
I / We would like to shar	e the email ID with the RTA (to	o be selected if accou	nt opened in CDSL)		☐ Yes 🗹 No		
Account Statement Requ	uirement	As per SEBI Regul	lation 🗆 Daily 🗀 Weel	dy 🗆 For	rtnightly Monthly		
Annual Report Requiren	nent	☐ Physical ☐ Election	ronic 🗆 Both Physical a	and Electi	ronic		
(If not marked the default option							
For Joint accounts, comr							
	ected, the communication will be sent as	per the preference mentio	ned. In case 'All joint	☐ First	t Holder		
account holders' is opted, commu	nication to first holder will be sent as per	r the preference mentioned	and communication to	☐ All J	oint Account Holders		
	mode. The default option will be commu	unication to 'first holder', if	no option selected)	- V			
	Joint Accounts of securities			□Joint	ly		
	int Account is chosen as anyone of the h			□Anyo	one of the Holder		
transfer of securities including Inte closure and invocation and confirm	er-Depository Transfer, pledge / hypothe	ecation / margin pledge / ma	argin re-pledge (creation,		rvivor(s)		
closure and invocation and commi		TRUST FACILITY					
I wish to avail the TRUST fa	cility using the Mobile number re		t Facility I have read and	<u> </u>			
	Conditions prescribed by CDSL fo				☐ Yes ☑ No		
	following clearing member IDs u		nentioned BO ID registe	red for	(If selected Yes please		
TRUST Annexure B	Tollowing clearing member 103 C	ander my/our below in	renderica de la regista		clearing member details)		
Stock Exchange Name/II	Clearing Member Nam	Clearing I	Member ID (Optional))			
Stock Exchange Name/ II	Clearing Weinber Hain	ie cicarrig.	viciniber to (optional)				
				11.10			
	asi, please visit our website w	<u>ww.cdslindia.com</u> .E	asi allows a BO to vie	w his ISI	N balances,		
transactions and	value of the portfolio online.						
		DECLARATION			aliafaad wa wada daba		
	nat the details furnished above a	re true and correct to	the best of our knowled	ige and b	eller and we undertake		
	nanges therein, immediately. t any false / misleading informati	ion given by me/us or	suppression of any mat	erial info	ermation will render my		
	ination and suitable action. I/We			cridi iiiic	initiation in terration,		
	at I/we have received and read			ns of the	Beneficial Owner and		
	as per booklet. I/we agree to ab						
	led upon by me in 🗆 Physical Co	any Soft Cany					
1	/We will continue to comply with		n case nonresident acco	unt)			
	t the following conditions the acc				unt:		
	poses to have only one demat ac						
	only one BSDA in his/her name a						
value of securities held i	n the demat account shall not e	exceed Rs. 10 Lakhs fo	r debt and other than o	lebt secu	ırities combined at any		
point of time.							
	Name of Holders			Signatur	res		
Sole/Holder/Guardian	Shorlesh B. M	ettle	2 Shadeol.	Blut	te		
Second Holder			Alabert (e)				
Third Holder	1		Fight Bure				



	Nomina	ation Details	
I/We the sole holder / Joint holds	ers / Guardian (in case of minor) hereby dec	lare that:	nominee(s) and further are aware that in case
[] I/We do not wish to nominate any	one for this Demat account and understand s), my / our legal heirs would need to submit	all the requisite documents / information f	f nominee(s) and further are aware that in case or claiming of assets held in my Demat account, in the Demat account.
I/We nominate the following pers	on who shall receive all the assets held in my	/ our account in the event of my / our de	Nominee 3
Nomination Details	Nominee 1	Nominee Z	Trommes e
Name of the nominee(s)	Periyanka Mittle		% %
Share of each nominee	100		
	Any odd lot after division shall be transfe	Photograph & Signature	☐ Photograph & Signature
Nominee Identification	☐ Photograph & Signature	Photograph & Signature	
details (Optional)	DPAN AGJPJOBOOL	□ PAN	□ PAN
	☐ 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)	(Notice of the Control of the Contro
	(D NO. (If any)	to NGS((Fany)	
Relationship (With Applicant)	Spouse	Do-A-A-ulit	☐ Same As Applicant
Address of Nominee(s)	Same As Applicant	☐ Same As Applicant	
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		And the second s	
- AN	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
Mobile/Tel No (Optional)			THE HALL THE PARTY OF THE PARTY
Email ID (Optional)	21 July 2011	100 100 100 100 100 100 100 100 100 100	EUTONAL DESTREE
Date of Birth (Mandatory if Nominee is a minor)		William Control of the Control of th	
Guardian Name			
Address of the Guardian	☐ Same As Applicant	☐Same As Applicant	☐ Same As Applicant
	The second secon		
Stabile/Tel No (Octional)			
Mobile/Tel No (Optional) Email ID (Optional)	1		
		14	
Relationship* (with Nominee) Guardian Identification	☐ Photograph & Signature	☐ Photograph & Signature	☐ Photograph & Signature
	Photograph & Signature	A STATE OF THE STA	
Details Optional:	□ PAN	☐ PAN	□ PAN
(Please tick anyone of following and provide details of same)	☐ Aadhaar	☐ Aadhaar	☐ Aadhaar
and provide details of same/	Saving Bank Account No.	Saving Bank Account No.	☐ Saving Bank Account No.
	☐ 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)	(Linning relevant hispari)	
	1 Holder alest & Muttle	2 ad Malder	3 rd Holder
Signature of the Holder(s)	1ª Holder	2 nd Holder	Sign Here
B	John State S	t holder Affixes thumb impression, instead	of signature



(Pleas	e consult your pro		eclaration (First Holder) for further guidance on	FATCA & CRS classification)
	TA	AX RESIDENCE DECL	ARATION (tick anyone, as appl	icable)
l am a tax r	resident of India and	not resident of any ot	her country OR	
		ry/ies mentioned in th		
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)
	y of perjury, I certify	that:	TIFICATION this information for the pu	rpose of determining the status of
I under the according advice for any I agree I agree to report appropriate understand complete	rstand that the Nuvar count holder named a on FATCA or CRS or i tax questions. It to submit a new form that as may be requ ort, reportable details oriate. Is stood the information the information proving. I/We also confirm	that: ma Group is relying on above in compliance w ts impact on the accou m within 30 days if any ired by domestic regul s to CBDT or other auti n requirements of this ided by me/us on this if that I/We have read an	this information for the purith FATCA/CRS. The Nuvament holder. I/we shall seek a rinformation or certification ators/tax authorities, the Nuvament holder. I/we shall seek a rinformation or certification ators/tax authorities, the Nuvament holder. I/we along with the Form including the taxpayer and understood the FATCA Terminal with the FAT	e FATCA/CRS Instructions) and hereby identification number is true, correct erms and Conditions below and hereby
I under the according advice for any I agree I agree to report appropriate understand complete	rstand that the Nuvar count holder named a on FATCA or CRS or i y tax questions. It to submit a new form that as may be requipert, reportable details priate. Is stood the information the information proving. I/We also confirm	that: ma Group is relying on above in compliance w ts impact on the accou m within 30 days if any ired by domestic regul s to CBDT or other auti n requirements of this ided by me/us on this if that I/We have read an	this information for the purith FATCA/CRS. The Nuvament holder. I/we shall seek a rinformation or certification ators/tax authorities, the Nuvament holder. I/we shall seek a rinformation or certification ators/tax authorities, the Nuvament holder. I/we along with the Form including the taxpayer and understood the FATCA Terminal with the FAT	n on this form becomes incorrect.

	7 % 12
Ackno	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 MA/MM





Description	be filled in BLOCK LETT	ERS			TAIS VIEW STATE		Recovered to	71-71-10	Carlo S. La March Co.	NORTH STANCES		
IDENTITY DETAILS	MALESTA LAND								□Digil o	okor		
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Martiner			MINISTER FUNCTION	1111	William		Expan in	21116				
Author	Maiden Name (if a	ny)	Person Specifican		4,14,711,111	erfo in	10-174			_ '	л Аррис	ant
Nationality	Father / Spouse N	ame*	Profes Total State	1	Plad h h	I PYTE	Lastil	AC117				
Date of Birth	Mother Name*		Prent Linet Nat		permittee for	SIMM	(dis A	THE				
Nationality	Date of Birth*		- ODANIE	YY	PAN*							
Residential Status* Reside	Gender* ☐ Male			Ma	rital Status	*	☐ Single	☐ Mar	ried			
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Private Sector Public Sector Government Service Business Professionary Code Retired Housewife Student Others (please specify)	Residential Status	◆ □ Re	esident Individua	gn Nationals.	n-Resident PIO selection is on	India y for CKYC	n □ Foreig and not for KRA KY	C. Select NRI or	Foreign Nation	nal based on Nation	allty of the Indi	v(dual)
City of Birth		□ Pr	ivate Sector P	ublic Se	ector 🗆 Go	vernn	nent Servic	e ⊔ Bus	iness 🗆	Profession	al ∐ Agi	riculture
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Proof of Identity (POI)* Aadhaar Card Passport Priving	City of Birth				of Birth							Date Grand
NREGA Job Card	17-12							Identi	fication	number	Expiry	Date (Ir Arry)
NREGA Job Card	☐ Aadhaar Card(only	last 4 Digits)	Voter ID Card □	Passpo	rt 🗆 Driving	g licen:	se 🗌 NPR				100	
Permanent Address' District' State' Country' Pin code'	☐ NREGA Job Card	☐ Others	(Any document notified by Ce	ntral Govern	ment)							
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District* State* Country* Pin code*								Cit.	./ Town Mil	llane*		
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Correspondence Address* Same As Permanent Address	Doc submitted			ber LIVo	eter ID Card	Driving	Ciceuse Clark				D With	"TV Y L -
Correspondence Address* different from above	as POA*						A series		Expiry D	acc (ii xiiy)		
Address * City/ Town/Village* Country* Pin code* Versian Address * Country* Pin code*	Correspondence	Same	As Permanent Addre	SS								
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Residential/Business Residential Business Registered Onice Onispective	Overseas Address* (Mandatory for NRI					* *			🗆		code	
Address type to be used for communication CONTACT DETAILS (to be used for all necessary reporting / communication purposes) Residence Phone Office Phone 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 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. E-sign FOR OFFICE USE ONLY In-Person Verification (IPV) & Self-Attested copies received by Company Name: Emp Code: Designation: Date: Place: Place:	Applicant)											
Address type to be used for communication CONTACT DETAILS (to be used for all necessary reporting / communication purposes) Residence Phone Office Phone 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 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. E-sign FOR OFFICE USE ONLY In-Person Verification (IPV) & Self-Attested copies received by Company Name: Emp Code: Designation: Date: Place: Date:	Doc submitted	□Aadhaa	r Card Passport Num	ber 🗆 Vo	oter ID Card 🗆	Driving	License NRI					
CONTACT DETAILS (to be used for all necessary reporting / communication purposes) Residence Phone	as POA*	Documo	ent number*		Yes						UDAVA	1, 11111
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 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. E-sign FOR OFFICE USE ONLY In-Person Verification (IPV) & Self-Attested copies received by Company Name: Emp Code: Designation: Date: Date:	Address type to b	e used fo	r communication	1	□P	erma	nent 🗆	Corresp	ondence		111-11	
Fax Details Email ID*					d for all nec	essary	reporting ,	/ commu	nication p	ourposes)		
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. E-sign FOR OFFICE USE ONLY In-Person Verification (IPV) & Self-Attested copies received by Company Name: Emp Name: Emp Code: Designation: Date: Place:	Residence Phone			Office	e Phone	de es	and the	I.	/lobile*			
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