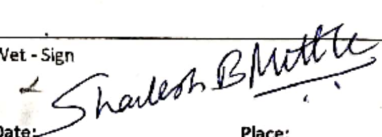


To be filled in BLOCK LETTERS

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. Shailesh B Mittle	
Maiden Name (if any)		-	
Father / Spouse Name*		Mr. Brij Bihari Damodar Mittle	
Mother Name*		Mrs. Padmini Mittle	
Date of Birth*		PAN*	AKSRM Shailesh B Mittle 3887B
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. PO selection is only for KYC 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 checked="" type="checkbox"/> Others (please specify) Self - Employed			
City of Birth	Mumbai	Country of Birth	India
Proof of Identity (POI)*		Identification number*	XXXX-XXXX-9402
<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)		Expiry Date (if Any)	
ADDRESS DETAILS			
Permanent Address*	3A, Madhu Sagar, India House Compound, 3 rd Floor, Kemps Corner, Cumballa Hill		
	District*	State*	City/Town/Village* Mumbai
	Mumbai	Maharashtra	Pin code* 400026
<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*	XXXX-XXXX-9402		
Expiry Date (if Any)			
Correspondence Address*	<input checked="" type="checkbox"/> Same As Permanent Address		
if different from above / Overseas Address* (Mandatory for NRI Applicant)	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* 9820191286	
Fax Details	Email ID*	Shaileshmittle@gmail.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			
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		
Wet - Sign  Date: _____ Place: _____ Signature / Thumb Impression of the Applicant	In-Person Verification (IPV) & Self-Attested copies received by		
	Company Name: Code Advisor LLP		
	Emp Name:	VERIFIED WITH ORIGINAL	
	Emp Code:	IN-PERSON VERIFICATION	
	Designation:	Date of Verification 06/11/2024	
	Date:	Name of Official Vaibhav Jain	
	Signature:	Designation of Official Operations Analyst	
		Employee Code 005	
		Signature of Official Vaibhav Jain	

[1]

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 *	Shailesh B Muttle		
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	9820191286		

INCOME RANGE PER ANNUM

Gross Annual Income* (Not older than 1 year)	<input type="checkbox"/> Up to INR 1 Lac <input type="checkbox"/> INR 1 - 5 Lacs	<input checked="" type="checkbox"/> INR 5 - 10 Lacs <input type="checkbox"/> INR 10 - 25 Lacs	<input type="checkbox"/> INR 25 Lacs - 1 crore <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	Pin	400001
Account type	<input type="checkbox"/> Saving <input checked="" type="checkbox"/> Current <input type="checkbox"/> Others	Account No	201015570364
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)

- ☐ I/We wish to receive the Delivery Instruction Slip (DIS) booklet with account opening.
- ☒ 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

Please tick Yes/No

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.

☐ Yes ☒ No

[If not marked, the default option would be 'No (to be selected if account opened in CDSL)]

I / We would like to share the email ID with the RTA (to be selected if account opened in CDSL)

☐ Yes ☒ No

Account Statement Requirement

☒ As per SEBI Regulation ☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly

Annual Report Requirement

(If not marked the default option would be in Physical)

☐ Physical ☒ Electronic ☐ 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)

- ☐ First Holder
- ☐ 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)

- ☐ Jointly
- ☐ 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.

☐ I/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST Annexure B

☐ Yes ☒ 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 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)

Note: In case you meet the following conditions the account will be opened under Basic Services Demat Account:

- The individual has or proposes to have only one demat account where he/she is the sole or first holder
- The individual shall have only one BSDA in his/her name across all depositories
- 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

Shailish B. Mittal

Shailish B. Mittal

Second Holder

Third Holder

Nomination Details

I/We the sole holder / Joint holders / Guardian (in case of minor) hereby declare that:

- ☐ 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.
- ☒ 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)

Nomination Details	Nominee 1	Nominee 2	Nominee 3
Name of the nominee(s)	Periyanka Mittal		
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 type="checkbox"/> Photograph & Signature <input checked="" type="checkbox"/> PAN AGJPJ0600L <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)
Relationship (With Applicant)	Spouse		
Address of Nominee(s)	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> 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)	1 st Holder Shashank Mittal	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*	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 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: Shailesh Mittal
 Signature: Shailesh Mittal

 Date: 06/11/2024
 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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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 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) *

☐ Aadhaar Card (only last 4 Digits) ☐ Voter ID Card ☐ Passport ☐ Driving license ☐ NPR ☐ NREGA Job Card ☐ Others (Any document notified by Central Government)

Identification number*

Expiry Date (if Any)

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

☐ Permanent ☐ 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

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	
Wet - Sign	Company Name:	
	Emp Name:	
	Emp Code:	
	Designation:	
Date:	Place:	Date:
Signature / Thumb Impression of the Applicant		Signature:

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%	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:

Signature:

Sign Here

Place:

This space is intentionally kept blank

KYC FORM – INDIVIDUALS (THIRD HOLDER)

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

IDENTITY DETAILS

PHOTOGRAPH
of Applicant

Please affix the recent
passport size photographs
and sign across it

Name of the Applicant*
Maiden Name (if any)
Father / Spouse Name*
Mother Name*
Date of Birth* PAN*
Gender* ☐ Male ☐ Female ☐ Transgender Marital Status* ☐ Single ☐ Married

Nationality* ☐ IN-Indian ☐ Others
Residential Status* ☐ Resident Individual ☐ Non-Resident Indian ☐ Foreign National ☐ Person of Indian Origin
(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* ☐ Private Sector ☐ Public Sector ☐ Government Service ☐ Business ☐ Professional ☐ Agriculture
☐ Retired ☐ Housewife ☐ Student ☐ Others (please specify)
City of Birth Country of Birth ISO 3166 Country Code
Proof of Identity (POI)* Identification number* Expiry Date (if Any)
☐ Aadhaar Card (only last 4 Digits) ☐ Voter ID Card ☐ Passport ☐ Driving license ☐ NPR
☐ NREGA Job Card ☐ Others (Any document notified by Central Government)

ADDRESS DETAILS

Permanent Address* City/ Town/Village* Pin code*
District* State* Country*
☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified
Doc submitted as POA* ☐ Aadhaar Card ☐ Passport Number ☐ Voter ID Card ☐ Driving License ☐ NREGA Job Card ☐ NPR Letter ☐ Others
Document number* Expiry Date (if Any)
Correspondence Address* City/ Town/Village* Pin code*
District* State* Country*
☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified
Doc submitted as POA* ☐ Aadhaar Card ☐ Passport Number ☐ Voter ID Card ☐ Driving License ☐ NREGA Job Card ☐ NPR Letter ☐ Others
Document number* Expiry Date (if Any)
Address type to be used for communication ☐ Permanent ☐ 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
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

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

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 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:

Place:

Signature:

This space is intentionally kept blank