

To be filled in BLOCK LETTERS KYC FORM - INDIVIDUALS (FIRST HOLDER) ☑Normal ☐EKYC OTP ☐EKYC Biometric ☐Online KYC ☐Offline EKYC ☐Digi **KYC Mode\* IDENTITY DETAILS** MRS. SANGITA YOGESH SHAH Name of the Applicant\* Maiden Name (if any) - 8 de Father / Spouse Name\* VADILAL BHIKHABHAI GANDHI MRS. SHANTABEN VADILAL GANDHI Mother Name\* AARPS8589F Date of Birth\* 10-Jul-1962 Gender\* Marital Status\* ☐Single ☑Married ☐ Male ☐ Female ☐ Transgender **V**IN-Indian Others Nationality \* 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 National Residential Status\* □ Private Sector □ Public Sector □ Government Service □ Business □ Professional ☑ Housewife Occupation\* ☐ Agriculture ☐ Retired ☐ Student ☐ Others (please specify) City of Birth **Country of Birth** MUMBAI ISO 3166 Country Code IN Proof of Identity (POI) Identification number\* Expiry Date (If Arry) ☑ Aadhaar Card (only last 4 Digits) ☐ Passport Number ☐ Voter ID Card ☐ NPR Letter XXXX-XXXX-5931 Driving License INREGA Job Card Others (Any document notified by Central Government) **ADDRESS DETAILS** 63/A Wing Nav Shantinagar, 98 Nepeansea Road, Opp Chandralok Bldg, Malabar Hill Permanent City/Town/Village \* Mumbai District \* Mumbai State \* Maharashtra Country \* India Pin code \* 400006 Address\* Residential/Business Registered Office Unspecified ☑ Aadhaar Card ☐ Passport Number ☐ Voter ID Card ☐ Driving License ☐ NREGA Job Card Doc submitted □NPR Letter □Others as POA\* Document number\* Expiry Date (if Any) XXXX-XXXX-5931 Correspondence Same As Permanent Address Address\* City/Town/Village\* District\* State\* Country\* Pin code\* if different from above / Overseas Address (Mandatory for NRI Applicant) Residential/Business Residential Business Registered Office Dunspecified □ Aadhaar Card □ Passport Number □ Voter ID Card □ Driving License □ NREGA Job Card Doc submitted □NPR Letter □Others as POA\* Document number\* Expiry Date (if Any) Permanent Address type to be used for communication □ Correspondence CONTACT DETAILS (to be used for all necessary reporting / communication purposes) **Residence Phone** Office Phone Mobile\* **Fax Details** Email ID\* SHAHYOGESHM@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 maskedAadhaar card with readable QR code or myAadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have aBusiness relationship for KYC purposes only FOR OFFICE USE ONLY E-sign In-Person Verification (IPV) & Self-Attested copies received by Company Name: Qode Advisor LLP **Emp Name:** Wet - Sign Emp Code: VERIFIED WITH ORIGINAL Designation: IN-PERSON VERIFICATION Date: 10/01/2025 Signature: Date of Warification Signature / Thumb Impression of the Applicant Name of Official Designation of Empl ( Perations [1] Employee Code Signature of Official



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Status		Sub Status										
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BANK NAME	INDUSINI	D BANK					Branch	Name	FORT	- Ix		
Address	61, SONA				SAMACHAR MA		MUME	BAI				
City	MUMBAI	S	tate	MAHA	RASHTRA	Coun	try	NDIA		P	in	400001
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IFSC Code	INDB000	0033			MIRC Code	40023	34009					
For NRI Only	RBI Appre	oval Ref No:				RBI A	oproval	Date :			5	
	Stand	ling Instruc	tions if	accoun	t to be open	ed in NSD	DL/ CD	SL				Please tick Yes/N
I / We instruct t	the DP to r	eceive each	and ev	very cre	dit in my/our	account		(Auto	matic (	Credit)		☑ Yes □ No
I / We request	you to sen	d Electronic	Transa	ction-c	um-Holding S	tatemen	t at the	e email ID	menti	oned		☑ Yes ☐ No
In KYC applicati	on Form.											
Account to be o	perated th	nrough DDP	I/ Pow	er of Att	torney (POA)							☑ Yes ☐ No
I/ We wish to re	eceive divi	dend / inter	est dire	ectly int	o my bank ac	count as	given a	above thi	rough E	CS (If		☑ Yes □ No
not marked, the time to time]	e default o	ption would	be 'Ye	es') [ECS	is mandator	y for loca	tions n	notified b	y SEBI	from		



		for issue of DIS Bookl	et		er en				
Kindly confirm the manne	er of receiving DIS booklet	☐ I/We wish to rece	ive the Delivery Inst	ruction	Slip (DIS) booklet				
(To be filled by person(s)s	seeking to open a	with account openin	g.						
Depository account where	e Power of Attorney /DDPI	☑ I/We do not wish	to receive the Deliv	ery Instr	ruction Slip (DIS)				
has been granted to operate the Depository booklet with account opening. However, the DIS booklet should be									
account)		issued to me/us imm							
	tanding Instructions if accou				Please tick Yes/No				
	act the DP to accept all the pl	eage instructions in m	y/our account with	out	☐ Yes ☑ No				
any other further instruct									
[If not marked, the defau	lt option would be 'No (to be	selected if account oper	ned in CDSL)]						
I / We would like to share	the email ID with the RTA (to	o be selected if account	opened in CDSL)		☐ Yes ☑ No				
Account Statement Requ	irement	☑ As per SEBI Regulat	ion 🛘 Daily 🗖 Wee	kly 🗖 Fo	ortnightly  Monthly				
Annual Report Requirem	ent	☐ Physical ☑ Electro	nic D Both Physical	and Elect	ronic				
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For Joint accounts, comn	nunication to be sent to			First	Holder				
	ected, the communication will be sent as		200	<b>☑</b> AII J	oint Account				
	nication to first holder will be sent as pe mode. The default option will be commo			Holde					
	loint Accounts of securities	anication to hist holder, if ho	option selectedy						
· · · · · · · · · · · · · · · · · · ·	int Account is chosen as anyone of the h	nolder or survivor(s), only speci	fied operations such as	Joint					
	r-Depository Transfer, pledge / hypothe			The state of the state of the	one of the Holder				
closure and invocation and confirm	nation thereof as applicable)			or St	ırvivor(s)				
		TRUST FACILITY							
	cility using the Mobile number re		acility I have read and	I	☐ Yes ☑ No				
understood the Terms and (	Conditions prescribed by CDSL f	or the same.			State of the state				
☐ I/We wish to register the	e following clearing member IDs	under my/our below me	entioned BO ID registe	ered for	(If selected Yes please clearing member details)				
TRUST Annexure B									
Stock Exchange Name/IE	Clearing Member Nan	ne Clearing M	ember ID (Optional	)					
	asi, please visit our website <u>w</u>		si allows a BO to vie	w his ISI	N balances,				
transactions and	value of the portfolio online.								
		DECLARATION.							
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	ge that I /we have received and				e Beneficial Owner and				
	pant" as per <b>Annexure C</b> and <b>Ar</b>		ed booklet. I/we agree	to abide	by and to be bound by				
	force from time to time for such								
	n called upon by me in Phys								
I/we also declare t	hat I/We will continue to comp	ly with FEMA regulations	s. (In case nonresident						
	Name of Holders			Signatu	res				
Sole/Holder/Guardian	MRS. SANGITA YOGESH SHAH		Sign Hare Sign Hare	Sh	ah.				
Second Holder	MR. YOGESH MAFATLAL SHAH		Sign Hara						
			J. m - 9	shah					
Third Holder	-		Sign Here						



	Nomin	ation Details	
	ders / Guardian (in case of minor) hereby de		. ()
of death of all the account holder which may also include documen	r(s), my / our legal heirs would need to submit hts issued by Court or other such competent a	all the requisite documents / information for uthority, based on the value of assets held in	
	g person who shall receive all the assets held i		
Nomination Details	Nominee 1	Nominee 2	Nominee 3
Name of the nominee(s)	MRS. RISHITA SAUMIL MEHTA	MS. ANERI YOGESH SHAH	
Share of each nominee	50%	50% erred to the first nominee mentioned in the	
Nominee Identification		T	T page
	Photograph & Signature	☐Photograph & Signature	☐Photograph & Signature
details (Optional)	□PAN	<b>☑</b> PAN	□PAN
	☑ Aadhaar		□ □ Aadhaar
(Please tick anyone of following		☐ ☐ 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)
	XXXX-XXXX-5792	FQAPS0516Q	
Relationship (With Applicant)	DAUGHTER	DAUGHTER	
Address of Nominee(s)	Same As Applicant	Same As Applicant	Same As Applicant
Address of Northinee(s)	302-Aashray Building, Vallabh Nagar CHS, Plot No-08, J.V.P.D.Scheme, Near Copper Hospital, Mumbai	LEISame AS Applicant	□ Same As Applicant
	City: MUMBAIstate: MAHARASHTRA	City: State: Country: Pin:	City: State: Country: Pin:
Mobile/Tel No (Optional)	Country: INDIA Pin: 400056		
Email ID (Optional)			37
Date of Birth (Mandatory if Nominee is minor)	03-Oct-1986	17-May-1992	
Guardian Name			
Address of the Guardian	По до	Пс	Пс A- AИ
Address of the Guardian	□Same As Applicant	□Same As Applicant	☐Same As Applicant
	City: State:	City: State:	City: State:
Mobile/Tel No (Optional)	Country: Pin:	Country: Pin:	Country: Pin:
Email ID (Optional)			
Relationship* (With Nominee)		A Service of the original and account of Account.	
Guardian Identification	☐Photograph & Signature	☐Photograph & Signature	☐Photograph & Signature
	notograph & signature	Hotograph & Signature	
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 (Provide relevant proof)	Proof of Identity (Provide relevant proof)	Proof of Identity (Provide relevant proof)
Signature of the Holder(s)	1st Holder	2 <sup>nd</sup> Holder	3 <sup>rd</sup> Holder
Signature of witness, along with na	me and address are required if the account h	older Affixes thumb impression, instead of s	



#### **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 (	$\checkmark$	I am a tax resident of	f India and	not resident of an	y other country	OR
-----------------------------------------------------------------------	--------------	------------------------	-------------	--------------------	-----------------	----

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

Country #	Tax Identification Number <sup>%</sup>	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:	MRS.	SANGITA	YOGESH	SHAH

Date: 10 01/202 (

Signature: A. W

Place: Mumbai

[5]

#### -Piease Tear Here-

	Acknowledgement Re	ceipt	
Application No		Date	DD/MM//YYYY
We Hereby acknowledge the r	eceipt of the Account Opening Form		
Name of the Sole / Holder	MRS. SANGITA YOGESH SHAH		
Second Holder	MR. YOGESH MAFATLAL SHAH		
Third Holder			
Depository Participant Sign		Date	DD/MM/YYY



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Name of the Appl	icant*	MR. YOGESH MAFAT					A CONTRACTOR OF THE PARTY OF TH				
Maiden Name (if		With FOOLST WAY	D (2 377) (11								
Father / Spouse N	2.7	MR. MAFATLAL SHAI	4		-						
Mother Name*	anie	MRS. LEELABEN MAR					MA				
Date of Birth*			PAN*		PS4231			S			
		19-Jun-1959	11111								
		e Transgender	Marital Sta	tus* LIS	ingle	Married 7 . Sh	4				
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if different from above / Overseas Address*	City/Town	City/Town/Village* District* State* Country* Pin code*									
(Mandatory for NRI Applicant)	Resid	ential/Business	sidential DB	usiness $\Box$	Registe	red Office Unspecified					
	□ Aadha	aar Card Passport No	umber 🗆 Voter	ID Card D	riving	License NREGA Job Card					
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as POA*	Docum	ent number*				Expiry Date (If Any)	adding a power of the top				
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	CONT	ACT DETAILS (to be	used for all ne	cessary repo	rting /	communication purposes)					
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Fax Details		Er	nail ID*	SHAHYOGE	SHM@	GMAIL.COM					
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Date: 01/01/2025	Pla	ace: Mumbai		ature:	[7]	col Varitication   0 /   0 /	2025				
Signature / Thumb Impress	ion of the App	licant			Nar	me of Official Varbha	N Jui	n			
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### 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 other country/ies mentioned in the table below

Country #	Tax Identification Number <sup>%</sup>	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: MR. YOGESH MAFATLAL SHAH

Date: 01/01/2025

Signature:

7. m-Shah

Place: Mumbai

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Father / Spouse N	lame*			,						Dlea	ca affiy ti	ne recent
Mother Name*										400000000000000000000000000000000000000		notographs
Date of Birth*				PAN*						aı	nd sign ac	ross it
Gender*   DMale	e <b>D</b> Femal	e <b>T</b> Transgender	-	Marital Stat	us*	□Single	le l	□Mar	ried			
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I hereby consent to re	eceive info	rmation from Centra	KYC ar	nd/or KRA regi	stry th	rough SMS	S/Em	ail on a	bove registe	ered numbe	r/email a	ddress.
I am also aware that												
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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) I am a tax resident of India and not resident of any other country I am a tax resident of other country/ies mentioned in the table below Tax Identification **Identification Type** ISO 3366 Country Code Address Country # Number<sup>%</sup> (TIN or Other%) (of Jurisdiction of Residence) (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

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Date:

Place:

accept the same.

Name:

Signature: