

**Nuvama Wealth and Investment Limited (NWIL)**

Registered Office / Corporate Office: 801-804, Wing A, Building No. 3, Inspire BKC, G Block, Bandra Kurla Complex, Bandra East, Mumbai - 400 051. Contact at +91-22-66203030
Broking services offered by Nuvama Wealth and Investment Limited under SEBI Registration No.: INZ000005231 (Member of NSE, BSE, MSEI, MCX and NCDEX). Depository Participant
SEBI Registration No.: IN-DP-656-2021 with NSDL having DP ID: IN302201 & IN303719 and with CDSL having DP ID: 12032300. Customer care: 1800-102-3335 or write to us at
helpdesk@nuvama.com for Trading queries and dpservicesnwil@nuvama.com for DP queries and Website: www.nuvamawealth.com. Customer Care : 1800-102-3335.
Investor Grievance No: 040-40316936/41151621. Email ID : complianceofficer.nw@nuvama.com / nwildpcompliance@nuvama.com

Ver: June, 2024

Account Details Addition/Modification Request Form (Trading & DP A/c)

Date: 21/05/2025

Dear Sir/Madam,

I/We request you to make following additions/modifications to my/our account in your records.

PLEASE FILL ALL THE DETAILS IN BLOCK LETTERS IN ENGLISH. Please mark (✓) on the appropriate column.**Account Holder's Details**☒ Physical ☐ Scan

PAN NO. A A B C S I B 2 2 B

Date of Birth: _____ Task ID: _____

Father's Name: _____

Mother's Name: _____

NWIL Trading Code _____

NWIL DP ID - 12032300 _____

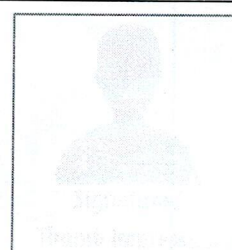
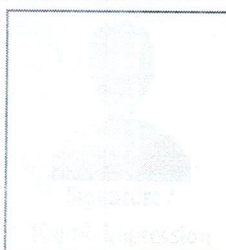
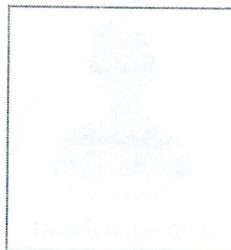
NWIL DP ID - IN 303719 1 1 3 0 1 2 3 7

NWIL DP ID - IN 302201 _____

Client Name SARLA PERFORMANCE FIBERS LIMITED

Second Holder

Third Holder



I/We wish to update the below changes

1. Annual Income Income Range to be updated on Annual Basis	<input type="checkbox"/> <1 Lac <input type="checkbox"/> 1-5 Lac <input type="checkbox"/> 5-10 Lac <input type="checkbox"/> 10-25 Lac <input type="checkbox"/> 25-1 Cr <input type="checkbox"/> 1 Cr-5Cr <input type="checkbox"/> >5Cr	If >5Cr, Please Specify _____
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Net worth as on Date _____

2. Change in Name	First / Sole Holder	Second Holder	Third Holder
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3. Update Date of Birth	D	D	M	M	Y	Y	Y	Y
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4. Bank Details	Existing Details (As per Demat records)	New Details
Trading:- EQ. COMMODITY <input type="checkbox"/> Add new & default <input type="checkbox"/> Change in existing records <input type="checkbox"/> Add new bank <input type="checkbox"/> Change of default*	Bank Name: _____	Bank Name: _____
	Bank Address: _____	Bank Address: _____
	A/c No.: _____	A/c No.: _____
	A/c Type: <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Overdraft	A/c Type: <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Overdraft
Demat:- <input type="checkbox"/> Bank default	MICR* _____	MICR* _____
	Note*: For availing ECS facility, MICR code is mandatory. The 9 digit code of the bank & branch appearing on the cheque issued by the bank.	
	IFS Code: _____	IFS Code: _____

*Default bank account for a trading or demat account means the bank account where funds payout and cash corporate actions like dividend, etc will be credited.

5. Address Details	Existing Details (As per Demat records)	New Details
<input type="checkbox"/> Correspondence Address	Address: _____ Pin Code: _____ City: _____ State: _____ Country: _____	Address: _____ Pin Code: _____ City: _____ State: _____ Country: _____
<input type="checkbox"/> Permanent Address	Address: _____ Pin Code: _____ City: _____ State: _____ Country: _____	Address: _____ Pin Code: _____ City: _____ State: _____ Country: _____
<input type="checkbox"/> Both of the above		

Ver: June 2024

6. Contact Details		Existing Details (As per Demat records)		New Details	
Tel.:		Mob.: 9820037105		Tel.:	
Email ID: KJ@SARLAFIBERS.COM				Email ID: SAR@SARLAFIBERS.COM	
Authorised Person Name: <u>Sunil Thunghunwala</u> (Name of Authorised Person in whose name the mobile no. and email id is registered [Only for non individual account])					

7. ECN activation and other electronic communication for Trading and Demat account:	
<input type="checkbox"/> Yes I/We hereby give our consent and authorise you to send digital contract notes, bills, ledgers, statement of funds and securities, transaction statements, Monthly/Quarterly demat statement of accounts/holding statement(s)/bills or other reports, Statement(s), related notices, Circulars, amendments and such other correspondence, documents, records, by whatever name called (hereafter referred to as "statement(s)") issued from time to time, at the email id: _____ For receiving Demat Statement of Account in electronic form: I. Client must ensure the confidentiality of the password of the email account. II. Client must promptly inform the Participant if the email address has changed. III. Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice.	

8. DP Details for Trading A/c. (Tick) <input type="checkbox"/> NSDL <input type="checkbox"/> CDSL <input type="checkbox"/> CCRL <input type="checkbox"/> NERL <input type="checkbox"/> Comtrack <input type="checkbox"/> Comris	
EQ. COMMODITY	DP Name:
<input type="checkbox"/> <input type="checkbox"/> Default	DP ID: _____ Client ID: _____
(Tick) <input type="checkbox"/> NSDL <input type="checkbox"/> CDSL <input type="checkbox"/> CCRL <input type="checkbox"/> NERL <input type="checkbox"/> Comtrack <input type="checkbox"/> Comris	
EQ. COMMODITY	DP Name:
<input type="checkbox"/> <input type="checkbox"/> Addition	DP ID: _____ Client ID: _____

9. Change in Signature (New)	First / Sole Holder	Second Holder	Third Holder

I/We wish to update the Name / Address / Contact Details / Signature Changes as mentioned on the form in KRA / Demat / Trading Records

Declaration: Apart from the above information, all the information available with you is current and latest unless notified. The same may be considered. I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or or misleading or misrepresenting, I am/ we are aware we may be held liable for it.

I/We am/are also aware that for Aadhaar OVD based KYC, my/our KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my/our Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I/We have a business relationship for KYC purposes only.

For SARLA PERFORMANCE FIBERS LIMITED			
Signature	First / Sole Holder	Second Holder	Third Holder
	<u>[Signature]</u>		
DIRECTOR			

Additional Information	
<ul style="list-style-type: none"> The forms should be complete in all respects (Date, Account Details, Pan Number, Date of Birth, Task Id, Change information, Clients' Signature etc.). All Proofs should have client's original self attestation and must be verified with Original Document (OSV). The self attested Proof must have stamp and signature of the employee. Existing Details should match with Demat records. Bank Verification Letter will be additionally required if the Name on Bank Proof does not match with the name in Trading & Demat Records. Name change in Commodity Section should be as per the requirement of respective Exchange. Annual Income Range is mandatory and is required to be updated on Annual Basis. Address and Signature change can not be done simultaneously. Family declaration required if email and Mobile is already mapped to family (as per SEBI circular) 	

For office use only		Nuvama Wealth and Investment Limited Pos 1200003261
Instruction No.:	Date of Instruction:	Signature verified as per our record

Signature verified	Maker	Checker	Name	Date	Designation	Signature
			In Person Verification done by			
			Documents verified by			

ACKNOWLEDGEMENT RECEIPT

Reference/Task ID: _____

We hereby acknowledge the receipt of your instruction for addition/modification of the following Account subject to verification:

Account Holder's Details	First / Sole Holder	Second Holder	Third Holder
Modification request for (Specify reason)	<input type="checkbox"/> Annual Income <input type="checkbox"/> Bank <input type="checkbox"/> Address <input type="checkbox"/> Contact Details <input type="checkbox"/> ECN <input type="checkbox"/> Demat <input type="checkbox"/> Name <input type="checkbox"/> D.O.B. <input type="checkbox"/> Signature		
NWIL Trading Code			
NWIL DP ID – IN 303719			
		NWIL DP ID – 12032300	
		NWIL DP ID – IN 302201	

Depository Participant Seal and Signature

Request for SMS and E-mail Alerts from Stock Exchange/s & Stock Brokers

(Reference to SEBI circular Ref. No. CIR/MIRSD/15/2011 dated August 02, 2011)

To,

Nuvama Wealth and Investment Limited

 801 - 804, Wing A, Building No. 3, Inspire BKC, G Block,
 Bandra Kurla Complex, Bandra East, Mumbai - 400 051.

This document and the details that you furnish will allow us and the exchanges to send you all relevant information of your account and transactions by SMS and e-mail.

Dear Sir,

Sub: SMS and E-mail alerts from Stock Exchange/s & Stock Brokers, Depository Participant for my Trading Account No. _____ and Demat account 11301237 with you

I/We request you to activate the facility of SMS and Email alerts from Stock Exchanges/Stock Brokers, Depository Participant for transactions in the above mentioned trading and demat account.

☒ YES I/We wish to receive alerts by SMS/EMAIL

☐ By SMS ☐ By EMAIL ☒ By SMS & EMAIL*

* If opted for both SMS and Email facility, it is mandatory to give both the Mobile number and Email ID.

I/We wish to receive alerts for my transactions from the Stock Exchanges/Nuvama on the below given mobile no/email ID. Kindly note that if the mobile no/email ID mentioned here is different from the one provided in my KYC, then this mobile no/Email ID shall prevail and I/We give my consent to details being send to this mobile number/email ID. Kindly update your records accordingly.

Email ID	Mobile Number	Your Relationship with the owner of the Email ID & Mobile number	Name of Family Member / Authorised Representative to whom the mobile number & Email ID belongs
<u>SAR@SARLAFIBERS.COM</u>	<u>9820037105</u>	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents <input checked="" type="checkbox"/> Authorised Representative	SUNIL JHUNJHUNWALA

In case mobile number/Email ID of a Family Member / Authorised Representative is provided, I / we give my consent to make available my /our trade information on the mobile number / email Id of my family member. ('Family' would mean self, spouse, dependent children and dependent parents)

Client Name

*Sarla Performance
Fibers Ltd*
For SARLA PERFORMANCE FIBERS LIMITED

[Signature]

Signature of Client

DIRECTOR