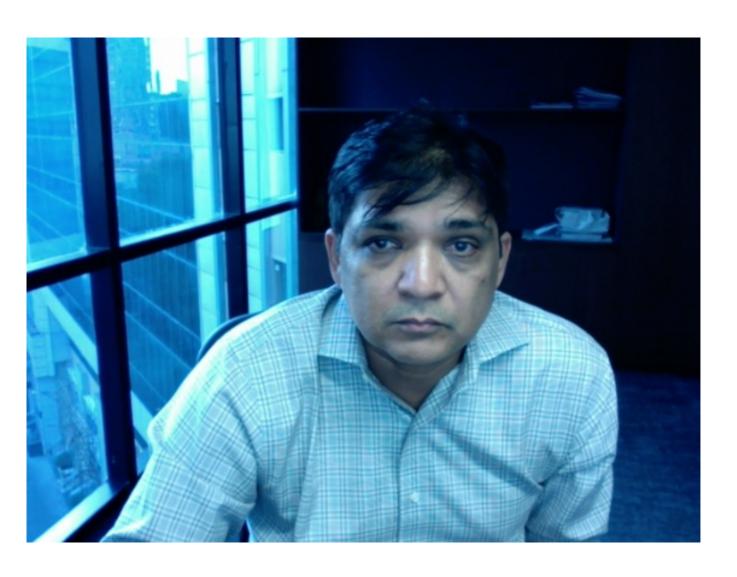
Name of the Applicant*	KYC FORM – INDIVIDUALS ( FIRST HOLDER )													
Marie of the Applicant*	KYC Mode*													
Motion Name   If any   MS   Father / Spouse Name*   MR KALLCHAND INSTRMALI JOGAN   Mother Name*   MS DATYNAY JOGAN   Date of Birth*   MS DATYNAY JOGAN   Marital Status*   Single   Marital Status*   Single   Marital Status*   Finale   Father   Marital Status*   Single   Marital Status*   Finale   Marital Status*   Finale   Transpender   Marital Status*   Single   Marital Status*   Finale Status*   Marital Status*   Marital Status*   Single   Marital Status*   Finale Status*   Marital Status	IDENTITY DETAILS													
Michael Assame*   Michael Assame*   Michael Assame*   Michael Assame*   Michael Mich	Name of the Applicant*  MR ASHOK JOGANI													
Mother Name*   MS DARTYN JOSAN   PAN*   PAN*   AACRJAST7C	Maiden Name (if	f any)		M/S										
Date of Birth*   Us/OF/1907   PAN*   AACP-9877C	Father / Spouse Name* MR KAULCHAND HASTIMALJI JOGANI										H			
Marital Status   Female   Transgender   Marital Status   Single   Marited	Mother Name*			M/S DARIYAV JOGANI										
Nationality*   Pin-Indian   Others    Residential Status*   President Individual   Presiden	Date of Birth*			04/01/1967 <b>PAN*</b>				AACPJ6877C						
Residential States*    Presidential Control   President   President   President   President   President   President   Presidential   Presiden	Gender*	✓ Male	☐ Femal	Female Transgender Marital Sta				tus* ☐ Single ☑ Married					N/	
Cocupation*   Private Sector* Publish Sector* Government Service © Business   Professional Season   Received   Professional   Received   Received   Received   Professional   Received	Nationality*		✓ IN-India	IN-Indian										
City of Birth   Cohers (please specify)  City of Birth   Proof of Identity (PO)*   Identification number*   Expiry Date (p. Angles of Identity (PO)*   Identification number*   Expiry Date (p. Angles of Identity (PO)*   Identification number*   Expiry Date (p. Angles of Identity (PO)*   Identification number*   Identific											ıal)			
Permanent Address*  BUNSLOW NO 2 EDEN HALL WORLI MUMBAI DR ANNIE BESANT ROAD  Oberinct* MumBai  Residential/Business F Residential   Business   Registered Office   Unspecified    Factors of National Passes   Bunslow No 2 EDEN HALL WORLI MUMBAI DR ANNIE BESANT ROAD  Obc submitted as POA*  Doc submitted as POA*  Document number*  Fame and Permanent Address*  BUNSLOW NO 2 EDEN HALL WORLI MUMBAI DR ANNIE BESANT ROAD  Obc submitted as POA*  Document number*  Fame and Permanent Address   BUNSLOW NO 2 EDEN HALL WORLI MUMBAI DR ANNIE BESANT ROAD  Obc submitted as POA*  Document number*  Fame and Permanent Address   BUNSLOW NO 2 EDEN HALL WORLI MUMBAI DR ANNIE BESANT ROAD  Obc submitted as POA*  Document number*  Fame and Permanent Address   BUNSLOW NO 2 EDEN HALL WORLI MUMBAI DR ANNIE BESANT ROAD  Objy Toenvillage* MUMBAI  Residential Business F Residential   Business Registered Office   Unspecified    Fame and Permanent Address   BUNSLOW NO 2 EDEN HALL WORLI MUMBAI DR ANNIE BESANT ROAD  Objy Toenvillage* MUMBAI  Residential Business F Residential   Business Registered Office   Unspecified    Fame and Permanent   Pincope and Permanent    Fame and P	Occupation*							nal 🗌 Agric	ulture 🗌 Reti —	red $\square$ H	lousewife	☐ Student		
Address   Section   Contract   Co	City of Birth			Country of Birth					ISO 3166 Country Coc		try Code	e		
Permanent Address				Proof of Identity (POI)*					Identifica	tion number	nber* Expiry Date (if A		Date (if Any)	
BUNGLOW NO 2 EDEN HALL WORLI MUMBAI DR ANNIE BESANT ROAD   City/ Town/Village* MUMBAI   Deswirct* MUMBAI   State* MAHARASHTRA   Country* INDIA   Pier code* 400018   Residential/Business   Residential/Busi						□ NPR	□ NREGA	Job Card				DD/MM/YYYY		
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Permanent Address   District * MUMBAI   State * MAHARASHTRA   Country* NDIA   Pin code* 400018	BUNGLOW NO 2 EDEN HALL WORLI MUMBAI DR ANNIE BESANT ROAD													
Doc submitted as POA*    Document number*	Permanent Addr	ress*		District* MUMBAI State* MAHARASHTRA Country* INDIA Pin code* 400018										
Doc submitted as POA*    Document number*							R NREGA	A Job Card 🔽 (	Others AS PE	R EXISTING I	KRA			
BUNGLOW NO 2 EDEN HALL WORLI MUMBAI DR ANNIE BESANT ROAD  Address* If different from above 10 reverses Address 2 featuration from 150 pt. Applicant)    Country	Doc submitted as POA*		k					Expiry Date (if A			DD/MM/YYYY			
Address (Mandatory for NRI) Applicant)    District* MUMBA  State *MAHARASHTRA  Country* NDIA	Address* if different from above / Overseas Address* (Mandatory for NRI			BUNGLOW NO 2 EDEN HALL WORLI MUMBAI DR ANNIE BESANT ROAD										
Residential/Business   Residential   Business   Registered Office   Unspecified			B::											
Doc submitted as POA*  Document number*    Expiry Date (# Any)   DDMMYYYY														
Address type to be used for communication    Permanent   Correspondence	Doc submitted as POA*			□ Aadhaar Card □ Voter ID Card □ Passport □ Driving license □ NPR □ NREGA Job Card ▼ Others AS PER EXISTING KRA										
CONTACT DETAILS (to be used for all necessary reporting / communication purposes)  Residence Phone Office Phone Mobile* 9920887888  Email ID* ASHOK@MINTAPT.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 misteading 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/Digliocker 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: QODE ADVISORS LLP  Emp Name: VAIBHAV JAIN  Emp Code: 005  Designation: OPERATIONS ANALYST  Date: 28 APR 2025				Document number*					Expiry	Expiry Date (if Any)		DD/MM/YYYY		
Residence Phone  Office Phone  Bashok@Mintapt.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  Company Name: QODE ADVISORS LLP  Emp Name: VAIBHAV JAIN  Emp Code: 005  Designation: OPERATIONS ANALYST  Date: Place:  Date: 28 APR 2025	Address type to	be use	d for communication   ☑ Permanent ☐ Correspondence											
Email ID*   ASHOK@MINTAPT.COM	CONTACT DETAILS (to be used for all necessary reporting / communication purposes)													
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  Company Name: QODE ADVISORS LLP  Emp Name: VAIBHAV JAIN  Emp Code: 005  Designation: OPERATIONS ANALYST  Date: Place:  Date: 28 APR 2025	Residence Phone					ie			Mobile*		9920887888			
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  Sign Here  Emp Name: VAIBHAV JAIN  Emp Code: 005  Designation: OPERATIONS ANALYST  Date: Place:  Date: 28 APR 2025	Fax Details				Email ID*		ASHOK@MINTAPT.COM							
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  Sign Here  Emp Name: VAIBHAV JAIN  Emp Code: 005  Designation: OPERATIONS ANALYST  Date: Place:  Date: 28 APR 2025	DECLARATION													
Wet - Sign  Sign Here  Sign Here  Sign Here  Date:  Place:  Place:  In-Person Verification (IPV) & Self-Attested copies received by  Company Name: QODE ADVISORS LLP  Emp Name: VAIBHAV JAIN  Emp Code: 005  Designation: OPERATIONS ANALYST  Date: 28 APR 2025	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													
Wet - Sign  Sign Here  Sign Here  Emp Name: VAIBHAV JAIN  Emp Code: 005  Designation: OPERATIONS ANALYST  Date: Place:  Date: 28 APR 2025	E-sign						FOR OFFICE USE ONLY							
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**SPECIMEN SIGNATURE** 

NAME: ASHOK JOGANI

PAN: AACPJ6877C

