


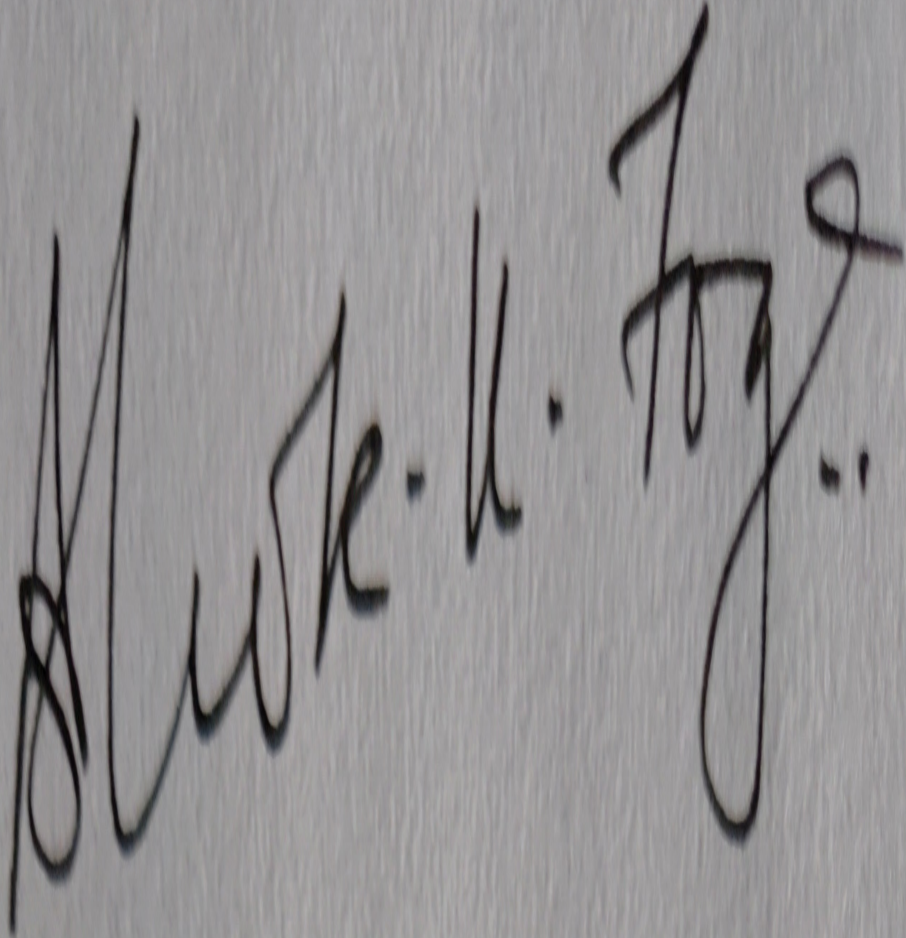
KYC FORM – INDIVIDUALS ( FIRST HOLDER )							
KYC Mode*		<input type="checkbox"/> Normal <input type="checkbox"/> EKYC OTP <input type="checkbox"/> EKYC Biometric <input checked="" type="checkbox"/> Online KYC <input type="checkbox"/> Offline EKYC <input type="checkbox"/> DigiLocker					
IDENTITY DETAILS							
Name of the Applicant*		MR ASHOK JOGANI					
Maiden Name (if any)		M/S					
Father / Spouse Name*		MR KAULCHAND HASTIMALJI JOGANI					
Mother Name*		M/S DARIYAV JOGANI					
Date of Birth*		04/01/1967		PAN*		AACPJ6877C	
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. 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 checked="" 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		INDIA	
				ISO 3166 Country Code			
Proof of Identity (POI)*				Identification number*		Expiry Date (if Any)	
<input 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 checked="" type="checkbox"/> Others (Any document notified by Central Government) AS PER EXISTING KRA						DD/MM/YYYY	
ADDRESS DETAILS							
Permanent Address*		BUNGLOW NO 2 EDEN HALL WORLI MUMBAI DR ANNIE BESANT ROAD City/ Town/Village* MUMBAI District* MUMBAI State* MAHARASHTRA Country* INDIA Pin code* 400018 <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 type="checkbox"/> Aadhaar Card <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 checked="" type="checkbox"/> Others AS PER EXISTING KRA					
		Document number*				Expiry Date (if Any)	
						DD/MM/YYYY	
Correspondence Address*		<input checked="" type="checkbox"/> Same As Permanent Address BUNGLOW NO 2 EDEN HALL WORLI MUMBAI DR ANNIE BESANT ROAD City/ Town/Village* MUMBAI District* MUMBAI State* MAHARASHTRA Country* INDIA Pin code* 400018 <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 type="checkbox"/> Aadhaar Card <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 checked="" type="checkbox"/> Others AS PER EXISTING KRA					
		Document number*				Expiry Date (if Any)	
						DD/MM/YYYY	
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* 9920887888	
Fax Details				Email ID*		ASHOK@MINTAPT.COM	
DECLARATION							
<p>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.</p> <p>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</p> <p>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.</p>							
E-sign				FOR OFFICE USE ONLY			
				In-Person Verification (IPV) & Self-Attested copies received by			
Wet - Sign  Sign Here  Date: _____ Place: _____ Signature / Thumb Impression of the Applicant				Company Name: QODE ADVISORS LLP Emp Name: VAIBHAV JAIN Emp Code: 005 Designation: OPERATIONS ANALYST Date: 28 APR 2025 Signature: 			



Sign



SPECIMEN SIGNATURE  
NAME : ASHOK JOGANI  
PAN : AACPJ6877C

A handwritten signature in black ink on a light-colored, textured background. The signature is written in a cursive style and appears to read "Ashok K. Jogani". The letters are fluidly connected, with a prominent loop at the end of the last name. The signature is positioned diagonally across the frame.