KYC FORM – INDIVIDUALS ( FIRST HOLDER )											
KYC Mode*											
IDENTITY DETAILS											
Name of the Applicant*  M/S TANYA ASHOK JOGANI											
Maiden Name (if any) M/S											
Father / Spouse Name* MR ASHOK JOGANI											
Mother Name* M/S ANITA JOGANI											
Date of Birth*		04/02/2001 PAN*			AIFPJ526				M		
	▼ Femal	ile 🗆 Transgender Marital Sta							All		
Nationality*  □ IN-Indian □ Others					tus y onigic y iwanied						
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 IN			DIA ISO 3166 0			try Code		
L		Proof of Identity (POI)*			·		Identificati	tification number*		Expiry Date (if Any)	
☐ Aadhaar Card (only last 4 Digits) ☐ Voter ID Card ☐ Passport ☐ Driving license ☐ N  ☐ Others (Any document notified by Central Government) AS PER EXISTING KRA					R ☐ NREGA Job Card					DD/MM/YYYY	
ADDRESS											
BUNGALOW NO 2 EDEN HALL DR ANNIE BESANT ROAD WORLI MUMBAI											
Permanent Address*	District	City/ Town/Village* MUMBAI  District* MUMBAI  State* MAHARASHTRA  Country* INDIA  Pin code* 400018									
		☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified									
		□ Aadhaar Card □ Voter ID Card □ Passport □ Driving license □ NPR □ NREGA Job Card ▼ Others AS PER EXISTING KRA									
Doc submitted as POA*		Document number*				Expiry Date (if An			DD/MM/YYYY		
Correspondence Address*  If different from above / Overseas		ne As Permanent Address ALOW NO 2 EDEN HALL DR A	) WORLI MU		n/Village* MU	MBAI					
Address* (Mandatory for NRI Applicant)	District* MUMBAI       State* MAHARASHTRA       Country* INDIA       Pin code* 400018         ☐ Residential/Business       Residential       Business       Registered Office       Unspecified										
	. 1	□ Aadhaar Card □ Voter ID Card □ Passport □ Driving license □ NPR □ NREGA Job Card ☑ Others AS PER EXISTING KRA									
Doc submitted as POA*		Document number*					Expiry Date (if Any)		D	DD/MM/YYYY	
Address type to be use	d for com	for communication				✓ Permanent ☐ Correspondence					
CONTACT DETAILS (to be used for all necessary reporting / communication purposes)											
Residence Phone		Office Phone		ce Phone				Mobile*	bile* 9858446611		
Fax Details			Email ID*		TJOGANI						
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 Sign Here					Company Name: QODE ADVISORS LLP Emp Name: VAIBHAV JAIN Emp Code: 005						
Date: Place:					Designation: OPERATIONS ANALYST						
Signature / Thumb Impression of the Applicant					Date: 28 APR 2025 Signature:						





**SPECIMEN SIGNATURE** 

NAME: TANYA ASHOK JOGANI

PAN: AIFPJ5269H

A Dean