

Declaration

- I/We hereby declare that the details furnished above are true and correct to the best of our knowledge and belief and we undertake to inform you of any changes therein, immediately.
- I/We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action. I/We are aware that we may be held liable for it.
- I / We acknowledge that I /we have received and read "Rights and Obligations of the Beneficial Owner and Depository Participant" as per Annexure C of the attached booklet. I/we agree to abide by and to be bound by the rules as are in force from time to time for such accounts.
- The same has been called upon by me in ☐ Physical Copy ☒ Soft Copy
- I/we also declare that I/We will continue to comply with FEMA regulations. (In case non-resident account)

	Sole / First Authorised Signatory	Second Authorised Signatory	Third Authorised Signatory
Name	MR. PRIYAVRATA H. MAFATLAL	SUMIL TRADING PRIVATE LIMITED (AUTHORISED SIGNATORY: VIPUL B POPAT)	MR. SAURABH SHARAD AGRAWAL
Designation	PARTNER	PARTNER <i>Vipul Bhagwardas Popat</i>	PARTNER
Signature	<i>[Signature]</i> For SHRIAAN TRADING LLP Partner	<i>[Signature]</i> For SHRIAAN TRADING LLP SUMIL TRADING PRIVATE LIMITED Partner	<i>[Signature]</i> For SHRIAAN TRADING LLP Partner

Mode of Operation (Please select and provide details below)

☐ Any one Singly ☐ Jointly ☒ As per resolution ☐ Others (please specify)

Notes:

- In Case of additional signatures, separate annexure should be attached to the application form
- Thumb impression and signatures other than English or Hindi or any other language not contained in the 8th schedule of the Constitution of India must be attested by a Mistreated or Notary Public or a Special Executive Magistrate
- For receiving Statement of Account in electronic form:
 - Client must ensure the confidentiality of the password of the email account
 - Client must promptly inform the participant if the email address has changed
 - Strike off whichever is not applicable

Option for issue of DIS Booklet

Kindly confirm the manner of receiving DIS booklet (To be filled by person(s) seeking to open a Depository account where DDPI/ Power of Attorney has been granted to operate the Depository account)

- ☐ I/We wish to receive the Delivery Instruction Slip (DIS) booklet with account opening.
- ☒ I/We do not wish to receive the Delivery Instruction Slip (DIS) booklet with account opening. However, the DIS booklet should be issued to me/us immediately on my/our request at a later date.

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Tear Here.....

Acknowledgment

NUVAMA WEALTH AND INVESTMENT LIMITED	
Eight Floor 801 to 804, Inspire BKC G Block, BKC Main Road, Bandra Kurla Complex, Bandra East, Mumbai-400051	
<input checked="" type="checkbox"/> Demat account to be opened with NSDL DP ID - IN303719	<input type="checkbox"/> Demat account to be opened with CDSL DP ID -
Received the application from Mr/Ms <u>SHRIAAN TRADING LLP</u> as the sole/first holder along with <u> </u> and <u> </u> as the second and third holders respectively for opening of the depository account. Please quote the DP ID and Client ID allotted to you by (CM-BP-ID in case of Clearing) in all your future correspondence.	
Date	Participant Sign

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