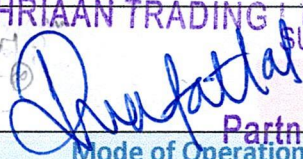

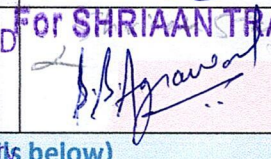


Declaration

- 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	Pritya Vrata Mafatlal	Sumel Trading Pvt. Ltd.	Saurabh Agrawal
Designation	Partner	Partner	Partner
Signature			
Mode of Operation (Please select and provide details below)			
<input type="checkbox"/> Any one Singly <input type="checkbox"/> Jointly <input checked="" type="checkbox"/> As per resolution <input type="checkbox"/> 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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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 _____ as the sole/first holder along with _____ and _____ 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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