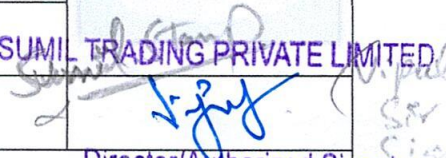
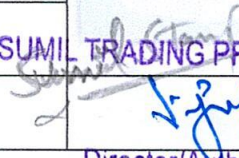
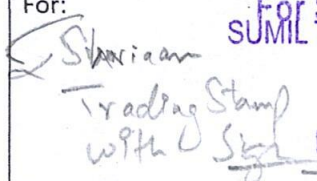


ANNEXURE 1

Details of Related Person (Minimum 2)

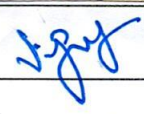

(Whole Time Directors & Authorised Signatories, Partners, Karta, Trustees)

APPLICANT NAME		Shrikan Trading LLP		PAN	AEPFS6460P
PAN*	AAACS5891A	Date of Birth*	10/05/1979		
Name*	Sumil Trading Private Limited				
Maiden Name* (if any)	—				
Father /Spouse Name*	—				
Nationality*	Indian	Gender*	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender		
Mobile Number	→ Mobile No	PEP STATUS	<input type="checkbox"/> YES <input type="checkbox"/> NO	SUMIL TRADING PRIVATE LIMITED Signature: 	
Email ID	H-RI-MAF@Gmail.com			Signature	
Related Person Type*: <input type="checkbox"/> Director -DIN <input type="checkbox"/> Promoter <input checked="" type="checkbox"/> Partner <input type="checkbox"/> Beneficiary <input type="checkbox"/> Authorized Signatory <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Karta <input type="checkbox"/> Trustee <input type="checkbox"/> Court Appointed Official Proprietor <input type="checkbox"/> Power of Attorney Holder <input type="checkbox"/> Others (Please Specify)					
Proof of Identity (POI) * <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) Registration Certificate				Identification number* U7110MH1979 PTC021276	Expiry Date (if Any)
Permanent Address* Sumil Trading Private Limited, Mafatlal House Back bay Reclamation, Mumbai District* Mumbai State* Maharashtra Country* India Pin code* 400020 <input type="checkbox"/> Residential/Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input checked="" type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified					
Doc submitted as POA* <input type="checkbox"/> Aadhaar Card <input type="checkbox"/> Passport Number <input type="checkbox"/> Voter ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> NPR Letter <input checked="" type="checkbox"/> Others Registration Certificate				Document number* U7110MH1979 PTC021276	Expiry Date (if Any)
Correspondence Address* If different from above / Overseas Address* (Mandatory for NRI Applicant) <input checked="" type="checkbox"/> Same As Permanent Address District* State* Country* Pin code* <input type="checkbox"/> Residential/Business <input 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"/> Passport Number <input type="checkbox"/> Voter ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> NPR Letter <input type="checkbox"/> Others				Document number* 	Expiry Date (if Any)
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					
For:  SUMIL TRADING PRIVATE LIMITED Director/Authorized Signatory Partner Name & Signature of the Authorised Signatory (With stamp) Date: 23/04/2025 Place: Mumbai			Seal/Stamp of the NUVAMA Date: Place:		

ANNEXURE 1

Details of Related Person (Minimum 2)

(Whole Time Directors & Authorised Signatories, Partners, Karta, Trustees)

APPLICANT NAME		SHRI AAN TRADING LLP		PAN	AEFFS6460P
PAN*	AFRPP1277Q	Date of Birth*	30/09/1976		
Name*	VIPUL BHAGWANDAS POPAT				
Maiden Name* (if any)	—				
Father /Spouse Name*	B C POPAT				
Nationality*	INDIAN	Gender*	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender		
Mobile Number	Mobile No	PEP STATUS	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Email ID	HRIMAF@GMAIL.COM	Signature			
Related Person Type*: <input type="checkbox"/> Director -DIN <input type="checkbox"/> Promoter <input type="checkbox"/> Partner <input type="checkbox"/> Beneficiary <input checked="" type="checkbox"/> Authorized Signatory <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Karta <input type="checkbox"/> Trustee <input type="checkbox"/> Court Appointed Official Proprietor <input type="checkbox"/> Power of Attorney Holder <input type="checkbox"/> Others (Please Specify)					
Proof of Identity (POI) *				Identification number*	Expiry Date (if Any)
<input checked="" 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 type="checkbox"/> Others (Any document notified by Central Government)				XXXX-XXXX-5240	MM/YY
Permanent Address*	D-209 KAMALA NAGAR CHS LTD, M G ROAD, KANDIVALI WEST District* MUMBAI State* MAHARASHTRA City/Town/Village* MUMBAI Country* INDIA Pin code* 400067 <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*				Document number*	Expiry Date (if Any)
<input checked="" type="checkbox"/> Aadhaar Card <input type="checkbox"/> Passport Number <input type="checkbox"/> Voter ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> NPR Letter <input type="checkbox"/> Others				XXXX-XXXX-5240	MM/YY
Correspondence Address*	<input checked="" type="checkbox"/> Same As Permanent Address City/Town/Village* District* State* Country* Pin code* <input type="checkbox"/> Residential/Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified				
Doc submitted as POA*				Document number*	Expiry Date (if Any)
<input type="checkbox"/> Aadhaar Card <input type="checkbox"/> Passport Number <input type="checkbox"/> Voter ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> NPR Letter <input type="checkbox"/> Others					MM/YY
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					
For:  SUMIL TRADING PRIVATE LIMITED Director/Authorized Signatory Name & Signature of the Authorised Signatory (With stamp) Date: 23/04/2025 Place: Mumbai			Seal/Stamp of the NUVAMA Date: Place:		