

To be filled in BLOCK LETTERS

KYC FORM – INDIVIDUALS (FIRST HOLDER)					
KYC Mode*		<input checked="" type="checkbox"/> Normal <input type="checkbox"/> EKYC OTP <input type="checkbox"/> EKYC Biometric <input type="checkbox"/> Online KYC <input type="checkbox"/> Offline EKYC <input type="checkbox"/> DigiLocker			
IDENTITY DETAILS					
Name of the Applicant*		VEDIKA AJMERA			
Maiden Name (if any)					
Father / Spouse Name*		SANJEEV AJMERA			
Mother Name*		RUCHIRA AJMERA			
Date of Birth*		26/05/1994	PAN*	BCNPA7491P	
Gender*	<input type="checkbox"/> Male <input checked="" 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/ 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	KOLKATA	Country of Birth	INDIA	ISO 3166 Country Code	IND
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-0318	
ADDRESS DETAILS					
Permanent Address*	1, MAYFAIR ROAD BALLYGUNGE, KOLKATA, CIRCUS AVENUE.				
	District*	KOLKATA	State*	WEST BENGAL	City/ Town/Village* BALLYGUNGE
	Country*		INDIA		Pin code* 700019
	<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 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				
	Document number*	XXXX-XXXX-0318		Expiry Date (if Any)	
Correspondence Address*	<input checked="" type="checkbox"/> Same As Permanent Address				
	District*	State*	Country*	City/ Town/Village*	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)	
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*	9836251339
Fax Details		Email ID*	dewpl@dwarkesh.in		
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					
E-sign	FOR OFFICE USE ONLY				
	In-Person Verification (IPV) & Self-Attested copies received by				
Wet - Sign	Company Name: Code Advisor LLP Emp Name: Emp Code: Designation: Date: Signature:				
Date: 25-08-2025 Place: KOLKATA Signature / Thumb Impression of the Applicant	VERIFIED WITH ORIGINAL IN-PERSON VERIFICATION Date of Verification 25-08-2025 Name of Official Chitt Agrawal Designation of Empl operation Analyst Employee Code 030 Signature of Official chitt				

Additional KYC Form for Opening a Demat Account OPENING NSDL and CDSL (Individual)			
NUVAMA WEALTH AND INVESTMENT LIMITED			
Eight Floor 801 to 804, Inspire BKC G Block, BKC Main Road, Bandra Kurla Complex, Bandra East, Mumbai -400051			
Please tick anyone of the Below			
<input checked="" type="checkbox"/> NSDL DEMAT (DP ID – IN303719)		<input type="checkbox"/> CDSL DEMAT (DP ID –)	
To be filled by the Depository participant in BLOCK LETTERS in English			
Application No		Client ID	DP Internal Ref No
Date			
I/We request you to open a Depository account in My/Our name as per the below Details			
Details of Account Holders			
Account Holders	Sole /First Holder	Second Holder	Third holder
Name *	VEDIKA AJMERA		
PEP/RPEP *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
SMS alert facility Mobile number mandatory if POA selected	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile No. for SMS alert	9836261339		
INCOME RANGE PER ANNUM			
Gross Annual Income* (Not older than 1 year)	<input type="checkbox"/> Up to INR 1 Lac <input type="checkbox"/> INR 1 - 5 Lacs	<input type="checkbox"/> INR 5 - 10 Lacs <input type="checkbox"/> INR 10 - 25 Lacs	<input type="checkbox"/> INR 25 Lacs - 1 crore <input checked="" type="checkbox"/> More than INR 1 crore
Net Worth Details (Not older than 1 year)		As on Date	

Type Of Account (Please tick whichever is applicable)	
Status	Sub Status
Individual	<input checked="" type="checkbox"/> Individual/Ordinary Resident <input type="checkbox"/> Others (please specify)
NRI	<input type="checkbox"/> NRI Repatriable <input type="checkbox"/> NRI Non-Repatriable <input type="checkbox"/> Others (please specify)

Bank Details (Dividend Bank Details)					
BANK NAME	INDUSIND BANK		Branch Name	FORT	
Address	61, SONAWALA BUILDING, MUMBAI SAMACHAR MARG, FORT MUMBAI				
City	MUMBAI	State	MAHARASHTRA	Country	INDIA
				Pin	400001
Account type	<input type="checkbox"/> Saving <input checked="" type="checkbox"/> Current <input type="checkbox"/> Others		Account No	201015570364	
IFSC Code	INDB00000033	MIRC Code	400234009		
For NRI Only	RBI Approval Ref No:		RBI Approval Date :		
Standing Instructions if account to be opened in NSDL/ CDSL					Please tick Yes/No
I / We instruct the DP to receive each and every credit in my/our account. (Automatic Credit)					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID mentioned In KYC application Form.					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Account to be operated through DDPI/ Power of Attorney (POA)					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
I/ We wish to receive dividend / interest directly into my bank account as given above through ECS (If not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time]					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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 Power of Attorney / DDPI has been granted to operate the Depository account)	<input type="checkbox"/> I/We wish to receive the Delivery Instruction Slip (DIS) booklet with account opening. <input checked="" type="checkbox"/> 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.
Standing Instructions if account to be opened in CDSL	
I / We would like to instruct the DP to accept all the pledge instructions in my/our account without any other further instruction from my/our end. [If not marked, the default option would be 'No (to be selected if account opened in CDSL)']	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I / We would like to share the email ID with the RTA (to be selected if account opened in CDSL)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Account Statement Requirement	<input checked="" type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
Annual Report Requirement (If not marked the default option would be in Physical)	<input type="checkbox"/> Physical <input checked="" type="checkbox"/> Electronic <input type="checkbox"/> Both Physical and Electronic
For Joint accounts, communication to be sent to (Note: In case if 'first holder' is selected, the communication will be sent as per the preference mentioned. In case 'All joint account holders' is opted, communication to first holder will be sent as per the preference mentioned and communication to other holders will be in electronic mode. The default option will be communication to 'first holder', if no option selected)	<input checked="" type="checkbox"/> First Holder <input type="checkbox"/> All Joint Account Holders
Mode of Operations for Joint Accounts of securities (Note: If Mode of Operation for Joint Account is chosen as anyone of the holder or survivor(s), only specified operations such as transfer of securities including Inter-Depository Transfer, pledge / hypothecation / margin pledge / margin re-pledge (creation, closure and invocation and confirmation thereof as applicable)	<input type="checkbox"/> Jointly <input checked="" type="checkbox"/> Anyone of the Holder or Survivor(s)
TRUST FACILITY	
I wish to avail the TRUST facility using the Mobile number registered for SMS Alert Facility I have read and understood the Terms and Conditions prescribed by CDSL for the same. <input type="checkbox"/> I/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST Annexure B	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If selected Yes please clearing member details)
Stock Exchange Name/ID	Clearing Member Name
	Clearing Member ID (Optional)
Easi	To register for e asi, please visit our website www.cdslindia.com . Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online.

DECLARATION	
<ul style="list-style-type: none"> 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, Terms & Conditions of the Beneficial Owner and Depository Participant" as per Annexure C and Annexure D 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 <input type="checkbox"/> Physical Copy <input checked="" type="checkbox"/> Soft Copy I/we also declare that I/We will continue to comply with FEMA regulations. (In case nonresident account) 	
Name of Holders	Signatures
Sole/Holder/Guardian	Sign Here
VEDIKA AJMERA	Vedika Ajmera
Second Holder	Sign Here
Third Holder	Sign Here

Nomination Details

I / We the sole holder / Joint holders / Guardian (in case of minor) hereby declare that:

- ☐ I/We do not wish to nominate anyone for this Demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my Demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the Demat account.
- ☒ I/We nominate the following person who shall receive all the assets held in my / our account in the event of my / our death. (As per Nominee details given below)

Nomination Details	Nominee 1	Nominee 2	Nominee 3
Name of the nominee(s)	VEDANT AJMERA		
Share of each nominee	100 %	%	%
Any odd lot after division shall be transferred to the first nominee mentioned in the form.			
Nominee Identification details (Optional) (Please tick anyone of following and provide details of same)	<input type="checkbox"/> <u>Photograph & Signature</u> <input checked="" type="checkbox"/> PAN BCNPA7318F <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank Account No. <input type="checkbox"/> Demat Account ID <input type="checkbox"/> Proof of Identity (Provide relevant proof)	<input type="checkbox"/> <u>Photograph & Signature</u> <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank Account No. <input type="checkbox"/> Demat Account ID <input type="checkbox"/> Proof of Identity (Provide relevant proof)	<input type="checkbox"/> <u>Photograph & Signature</u> <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank Account No. <input type="checkbox"/> Demat Account ID <input type="checkbox"/> Proof of Identity (Provide relevant proof)
Relationship (With Applicant)	BROTHER		
Address of Nominee(s)	<input checked="" type="checkbox"/> Same As Applicant	<input type="checkbox"/> Same As Applicant	<input type="checkbox"/> Same As Applicant
Mobile/Tel No (Optional)			
Email ID (Optional)			
Date of Birth (Mandatory if Nominee is a minor)			
Guardian Name			
Address of the Guardian	<input type="checkbox"/> Same As Applicant	<input type="checkbox"/> Same As Applicant	<input type="checkbox"/> Same As Applicant
Mobile/Tel No (Optional)			
Email ID (Optional)			
Relationship* (With Nominee)			
Guardian Identification Details Optional: (Please tick anyone of following and provide details of same)	<input type="checkbox"/> <u>Photograph & Signature</u> <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank Account No. <input type="checkbox"/> Demat Account ID <input type="checkbox"/> Proof of Identity (Provide relevant proof)	<input type="checkbox"/> <u>Photograph & Signature</u> <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank Account No. <input type="checkbox"/> Demat Account ID <input type="checkbox"/> Proof of Identity (Provide relevant proof)	<input type="checkbox"/> <u>Photograph & Signature</u> <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank Account No. <input type="checkbox"/> Demat Account ID <input type="checkbox"/> Proof of Identity (Provide relevant proof)
Signature of the Holder(s)	1 st Holder Vedika Ajmera	2 nd Holder	3 rd Holder

Signature of witness, along with name and address are required, if the account holder Affixes thumb impression, instead of signature

FATCA & CRS Declaration (First Holder)

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

TAX RESIDENCE DECLARATION (tick anyone, as applicable)

☒ I am a tax resident of India and not resident of any other country **OR**
☐ I am a tax resident of the country/ies mentioned in the table below

Country #	Tax Identification Number%	Identification Type (TIN or Other%)	ISO 3166 Country Code (of Jurisdiction of Residence)	Address (including city, state, country and pin code)

CERTIFICATION
Under penalty of perjury, I certify that:

- I understand that the Nuvama Group is relying on this information for the purpose of determining the status of the account holder named above in compliance with FATCA/CRS. The Nuvama Group is not able to offer any tax advice on FATCA or CRS or its impact on the account holder. I/we shall seek advice from professional tax advisor for any tax questions.
- I agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.
- I agree that as may be required by domestic regulators/tax authorities, the Nuvama Group may also be required to report, reportable details to CBDT or other authorities/agencies or close or suspend my account, as appropriate.

I have understood the information requirements of this Form (read along with the FATCA/CRS Instructions) and hereby confirm that the information provided by me/us on this Form including the taxpayer identification number is true, correct, and complete. I/We also confirm that I/We have read and understood the FATCA Terms and Conditions below and hereby accept the same.

 Name: **VEDIKA AJMERA**

 Date: **25-08-2025**

 Signature: **Vedika Ajmera**

 Place: **KOLHATA**

[5]

-----Please Tear Here-----

Acknowledgement Receipt

Application No		Date	
We Hereby acknowledge the receipt of the Account Opening Form			
Name of the Sole / Holder			
Second Holder			
Third Holder			
Depository Participant Sign		Date	

[5]

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To be filled in BLOCK LETTERS

KYC FORM – INDIVIDUALS (SECOND HOLDER)											
KYC Mode*		<input checked="" type="checkbox"/> Normal <input type="checkbox"/> EKYC OTP <input type="checkbox"/> EKYC Biometric <input type="checkbox"/> Online KYC <input type="checkbox"/> Offline EKYC <input type="checkbox"/> DigiLocker									
IDENTITY DETAILS											
Name of the Applicant*		<div style="border: 1px solid black; padding: 5px; text-align: center;"> PHOTOGRAPH of Applicant Please affix the recent passport size photographs and sign across it </div>									
Maiden Name (if any)											
Father / Spouse Name*											
Mother Name*											
Date of Birth*										PAN*	
Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender										Marital Status* <input type="checkbox"/> Single <input type="checkbox"/> Married	
Nationality*		<input 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 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		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 type="checkbox"/> Others (Any document notified by Central Government)											
ADDRESS DETAILS											
Permanent Address*		<div style="display: flex; justify-content: space-between;"> <div> District* <input type="checkbox"/> Residential/Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified </div> <div> State* <input type="checkbox"/> Residential/Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified </div> <div> City/ Town/Village* <input type="checkbox"/> Residential/Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified </div> <div> Country* <input type="checkbox"/> Residential/Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified </div> <div> Pin code* </div> </div>									
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									
Correspondence Address* <small>if different from above / Overseas Address* (Mandatory for NRI Applicant)</small>		<input type="checkbox"/> Same As Permanent Address									
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									
Address type to be used for communication		<input type="checkbox"/> Permanent <input type="checkbox"/> Correspondence									
CONTACT DETAILS (to be used for all necessary reporting / communication purposes)											
Residence Phone		Office Phone		Mobile*							
Fax Details		Email ID*									
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>											
E-sign		FOR OFFICE USE ONLY									
Wet - Sign		In-Person Verification (IPV) & Self-Attested copies received by									
Date:		Company Name:									
Place:		Emp Name:									
Signature / Thumb Impression of the Applicant		Emp Code:									
		Designation:									
		Date:									
		Signature:									

FATCA & CRS Declaration (Second Holder)
(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)
TAX RESIDENCE DECLARATION *(tick anyone, as applicable)*
☐ I am a tax resident of India and not resident of any other country **OR**
☐ I am a tax resident of the country/ies mentioned in the table below

Country #	Tax Identification Number%	Identification Type (TIN or Other%)	ISO 3166 Country Code (of Jurisdiction of Residence)	Address (including city, state, country and pin code)

CERTIFICATION
Under penalty of perjury, I certify that:

- I understand that the Nuvama Group is relying on this information for the purpose of determining the status of the account holder named above in compliance with FATCA/CRS. The Nuvama Group is not able to offer any tax advice on FATCA or CRS or its impact on the account holder. I/we shall seek advice from professional tax advisor for any tax questions.
- I agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.
- I agree that as may be required by domestic regulators/tax authorities, the Nuvama Group may also be required to report, reportable details to CBDT or other authorities/agencies or close or suspend my account, as appropriate.

I have understood the information requirements of this Form (read along with the FATCA/CRS Instructions) and hereby confirm that the information provided by me/us on this Form including the taxpayer identification number is true, correct, and complete. I/We also confirm that I/We have read and understood the FATCA Terms and Conditions below and hereby accept the same.

Name:
Date:
Signature:
Sign Here
Place:

This space is intentionally kept blank

To be filled in BLOCK LETTERS

KYC FORM – INDIVIDUALS (THIRD HOLDER)											
KYC Mode*		<input checked="" type="checkbox"/> Normal <input type="checkbox"/> EKYC OTP <input type="checkbox"/> EKYC Biometric <input type="checkbox"/> Online KYC <input type="checkbox"/> Offline EKYC <input type="checkbox"/> DigiLocker									
IDENTITY DETAILS											
Name of the Applicant*		<div style="border: 1px solid black; padding: 5px; text-align: center;"> PHOTOGRAPH of Applicant Please affix the recent passport size photographs and sign across it </div>									
Maiden Name (if any)											
Father / Spouse Name*											
Mother Name*											
Date of Birth*										PAN*	
Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender										Marital Status* <input type="checkbox"/> Single <input type="checkbox"/> Married	
Nationality*		<input 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 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		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 type="checkbox"/> Others (Any document notified by Central Government)											
ADDRESS DETAILS											
Permanent Address*		<div style="display: flex; justify-content: space-between;"> <div> District* State* Country* </div> <div> City/ Town/Village* Pin code* </div> </div> <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)							
Correspondence Address* <small>if different from above / Overseas Address* (Mandatory for NRI Applicant)</small>		<input type="checkbox"/> Same As Permanent Address									
		<div style="display: flex; justify-content: space-between;"> <div> District* State* Country* </div> <div> City/ Town/Village* Pin code* </div> </div> <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)							
Address type to be used for communication				<input type="checkbox"/> Permanent <input type="checkbox"/> Correspondence							
CONTACT DETAILS (to be used for all necessary reporting / communication purposes)											
Residence Phone		Office Phone		Mobile*							
Fax Details		Email ID*									
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>											
E-sign		FOR OFFICE USE ONLY									
Wet - Sign		In-Person Verification (IPV) & Self-Attested copies received by									
Date:		Company Name:									
Place:		Emp Name:									
Signature / Thumb Impression of the Applicant		Emp Code:									
		Designation:									
		Date:									
		Signature:									

FATCA & CRS Declaration (Third Holder)

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

TAX RESIDENCE DECLARATION *(tick anyone, as applicable)*
☐ I am a tax resident of India and not resident of any other country **OR**
☐ I am a tax resident of the country/ies mentioned in the table below

Country #	Tax Identification Number%	Identification Type (TIN or Other%)	ISO 3166 Country Code (of Jurisdiction of Residence)	Address (including city, state, country and pin code)

CERTIFICATION
Under penalty of perjury, I certify that:

- I understand that the Nuvama Group is relying on this information for the purpose of determining the status of the account holder named above in compliance with FATCA/CRS. The Nuvama Group is not able to offer any tax advice on FATCA or CRS or its impact on the account holder. I/we shall seek advice from professional tax advisor for any tax questions.
- I agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.
- I agree that as may be required by domestic regulators/tax authorities, the Nuvama Group may also be required to report, reportable details to CBDT or other authorities/agencies or close or suspend my account, as appropriate.

I have understood the information requirements of this Form (read along with the FATCA/CRS Instructions) and hereby confirm that the information provided by me/us on this Form including the taxpayer identification number is true, correct, and complete. I/We also confirm that I/We have read and understood the FATCA Terms and Conditions below and hereby accept the same.

Name:

Date:

Signature:

Place:

This space is intentionally kept blank