

IDENTITY DETAILS     Name of the Applicant	To be filled in BLOCK LETT	ERS	KVC 5	ORM - IND	VIDUALS / E	RST HOL	DER )			19 A SE
IDENTITY DETAILS	KYC Mode*	ormal 🗆	University of the Cockhildren					cker	SACTION DESCRIPTION	
Name of the Applicant   V6B1KA   AJMERA   Maiden Name (if any)   Sather / Spouse Name   SANJEEV   AJMERA   Mother Name   RUCHTRA   AJMERA   Mother Name   Residential   Transgender   Marital Status   Single   Married   Mother Name	KIE WOOLE WIN	Office L		STANDARD BY			ic ERTC Bolgico			750
Maiden Name (if any)   Sahn   Selv	Name of the Appli	icant*				AINA G	P 0			
Mother / Spouse Name*    SANDEEV   ADMERA   DMERA			VEDIN	nd M-2	To Tonic	76116				ما
ADAPT   ADAP		(Carrier 1997)	(AAI*	TCC		ATM	1001	- 1		
Date of Birth   24/05/1994   PAN   B.C. N.P.A. 749   P.G.   Gender*   Male   Fernale   Transgender   Marital Status*   Single   If Married   Marital Status*   Provide   Policy   Polic	7/1 8	ame*			The being			_	M	
Sender   Male   Fermale   Transgender   Marital Status   Single   Married   Marital Status   Minimal   Others   Marital Status   Minimal   Others   Minimal   Others   Minimal					ore manne			P	· Ko	hs
Nationality						NP	1			
Residential Status    Residential Status	Gender* ☐ Male	Femal	e 🗆 Transgender	Marital 9	Status*	☐ Single	Married			- James I
Private Sector   Public Sector   Government Service   Business   Professional   Agriculture	Nationality *									
Private Sector   Public Sector   Government Service   Business   Professional   Agriculture	Residential Status	* Re	esident Individual t mandatory for NRIs and Foreig	☐ Non-Res gn Nationals. PIO selec	ident Indian tion is only for CKYC and	☐ Foreig	gn National  Per	son of Indial based on Nationa	an Origin ality of the individual)	
City of Birth	Occupation*	□ Pr	ivate Sector 🗆 Pu	ublic Sector	☐ Governme	nt Servi	ce 🗹 Business 🗆			ure
Proof of Identity (POI)   Identification number   Expiry Date (PAN)	City of Dirth	_						66 Countr	Code TN	10
Address*    NATATA   Passport   Driving license   NPR	City of Birth				TOUT					7
NREGA Job Card   Others (lony document routified by Central documents)	Madhaar Card				Oriving license	□ NPR				- (vicini)
ADDRESS DETAILS    Permanent Address*					oriving incerise	- INCIN	XXXX-XXXX	-0318		
Permanent Address*    May Fat R R R A D B BALLY G UNGE   KOLKATA   City Town/Villege* BALLY G UNGE   Print of the Town of the Applicant	_ IIILOA JOB Cald			ADD	RESS DETAI	LS				
Document number*	Permanent Address*	District*	KOLKATA sential/Business	Residential	E. BENG □ Business	AL c	City/ Town/Vill	lage BA Pin on properified	LLYGUN code 7000	VGE > 19
Correspondence Address*    Giffer Roman above / Overseas Address*   City / Town/Village*	Doc submitted	Aadhaa	r Card Passport Num							
Correspondence Address*   different from above / Obstrict*   State*   Country*   Pin code*	as POA*	Docume	ent number*	XX	XX - XX	XX- C	318 Expiry D	ate (if Any)	Charles	MIII Species
Address type to be used for communication  CONTACT DETAILS (to be used for all necessary reporting / communication purposes)  Residence Phone  Fax Details  Email ID*  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 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 XMIL/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  Company Name:  Emp Code:  Designation:  Date: 10-PERSON VERIFICATION  Date: 25-08-2025  Place: KOLRATA  Signature: Date of Verification 25-08-2025  Name of Official Chitt Agrawal  Designation of Empl Operation Analyst  Employee Code 030	if different from above / Overseas Address* (Mandatory for NRI Applicant)	☐ Resid	ential/Business	Residential		☐ Regis	Country*	Pin Inspecified	code*	
Residence Phone  Office Phone  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 Company Name:  Emp Name:  Emp Name:  Emp Code:  Designation:  Date: 25-08-2025  Place: KOLKATA  [1]  Designation of Empl Operation Analyst  Employee Code  O30	as POA*	Docum	ent number*				Expiry D	ate (if Any)	- CAMMAY	
Residence Phone  Office Phone  Email ID*  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 Company Name: Emp Name: Emp Name: Emp Name: Company Name:	Address type to b	e used fo	or communication	1	Permane	ent 🗆	Correspondence	!		
Residence Phone  Office Phone  Email ID*  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 Company Name: Emp Name: Emp Name: Emp Name: Company Name:		CONT	ACT DETAILS (to	be used for	all necessary r	eporting	/ communication p	ourposes)		
Email ID*    DECLARATION	Residence Phone			1				-	251339	
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  Wet - Sign  Wet - Sign  Wet - Sign  Wet - Sign  Date: 25 - 08 - 2025 Place: KOLRATA  Signature / Thumb Impression of the Applicant  [1]  Person Verification   25 - 08 - 2025   Name of Official   Chitt Agracual   Designation of Empl   Operation Analyst   Employee Code   030	Fax Details			Email ID*	de	WPIG	Ddwarkes			
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 Company Name: Emp Name: Emp Name: Code: Designation: Date: Signature:  Date of Verification  To Person Verification  To Person VERIFICATION  Date of Verification  To Person Pe					ECLARATION					
In-Person Verification (IPV) & Self-Attested copies received by  Company Name: Emp Name: Emp Code: Designation: Date: 25-08-2025 Signature / Thumb Impression of the Applicant  In-Person Verification (IPV) & Self-Attested copies received by  Qode Advisor LLP  VERIFIED WITH ORIGINAL IN-PERSON VERIFICATION  Signature: Date of Verification 25-08-2025  Name of Official Chitt Agrawal Designation of Empl Operation Analyst Employee Code 030	changes therein, imn I may be held liable f I hereby consent to r I am also aware that masked Aadhaar car	nediately. In or it. eceive infor for Aadhaa d with read	rmation from Central r OVD based KYC, male able QR code or my A	ve information I KYC and/or K y KYC request s Aadhaar XML/	n is found to be RA registry thro shall be validate Digilocker XML	false or un ough SMS/ ed against	ntrue or misleading o Email on above regis Aadhaar details. I he	r misreprese tered numbereby consent	enting, I am awa er/email addres t to sharing my	are that ss.
Wet-Sign  Vedika Aj Mesa  Date: 25-08-2025 Place: KOLRATA  Signature / Thumb Impression of the Applicant  Company Name: Emp Name: Emp Code: Designation: Date: 1N-PERSON VERIFICATION  Date of Verification 25-08-2025  Name of Official Chitt Agrawal Designation of Empl Operation Analyst Employee Code 030	E-sign									PAGE 1
Wet-Sign  Vedika Aj Mesa  Date: 25-08-2025 Place: KOLRATA  Signature / Thumb Impression of the Applicant  Emp Name:  Emp Name:  Designation: Date:  Signature:  Date of Verification  Date of Verification  Designation of Empl Operation Analyst  Emp Name:  VERIFIED WITH ORIGINAL  IN-PERSON VERIFICATION  Date of Verification  Designation of Empl Operation Analyst  Employee Code  O30										
Vedika Ajmera  Date: 25-08-2025 Place: KOLRATA  Signature / Thumb Impression of the Applicant  Page 25-08-2025 Place: KOLRATA  Signature: Designation: Date: Signature: Date of Verification 25-08-2025  Name of Official Chitt Agrawal Designation of Empl Operation Analyst Employee Code 030	Wot Sign						Qode Adv	isor LL	Р	
Date: 25-08-2025 Place: KOLKATA Signature: Date of Verification 25-08-2025 Name of Official Chitt Agrawal Designation of Empl Operation Analyst Employee Code 030	Emp Code: VERIFIED WITH ORIGINAL									
Date: 25-08-2025 Place: KOLKATA Signature: Date of Verification 25-08-2025 Name of Official Chitt Agrawal Designation of Empl Operation Analyst Employee Code 030	Vedika Aj Mera Designation: IN-PERSON VERIFICATION									
[1] Name of Official Chitt Agrawal Designation of Employee Code 030	Date: 25-08-20	025 P	ace: KOLKATA	)		Da	ate of Verification	25-08-	2025	
Designation of Empl operation Analyst Employee Code 030	Signature / Thumb Impres	sion of the App	olicant		[4]	Na	ame of Official			
Employee Code 030					[1]	De	esignation of Empl		The second name of the second name of	
1:46										
							1 - W			



Ad	ditional l	CYC Form fo	or Opening a	a Demat Acc	ount OP	ENING	NSDL and (	CDSL (Indi	vidual)
			A SECTION OF STREET	WEALTH AND I			THE SECOND SECON		
Eig	ght Floor 80	1 to 804, Insp					Complex, Bandr	a East, Mum	bai-400051
		Skiele setting also in 18 Promos 16.	Please	e tick anyon					
NSDL DEMAT					CDSL DEN				)
	To	be filled b	y the Depos	itory partici	pant in I		LETTERS in		
Application No			Client ID			DF	Internal Ref	No	
Date	LoLly A	My NV V					WATER STATE OF THE STATE OF		
	I/We req	uest you to	SO THE STATE OF THE STATE OF		CARL CONTRACTOR OF THE PARTY.	Att Control of the State of the	me as per the	below De	tails
				etails of Acco					-1.1.11.11
		le /First Holde				ider		Third holder	
Name *		VED	IKA A	JMERA					
PEP/RPEP * □ Yes ☑ No				Yes 🗆 No	)		☐ Yes ☐	No	
		<b>∀</b> Yes □	No		Yes □ No	0		□ Yes □	No
Mobile No. for	Mobile No. for SMS alert 9 8 36 26 ( 339								
			INCO	OME RANGE	PER AN	NUM			
Gross Annual	Income*	☐ Up to	INR 1 Lac		INR 5 - 1	0 Lacs		☐ INR 25	Lacs - 1 crore
(Not older tha	an 1 year)	☐ INR 1	- 5 Lacs		INR 10 -	25 Lac	s	■ More :	than INR 1 crore
Net Worth (Not older tha				alays .	As	on Da	ite		
Status		Sub Status		nt (Please ticl	whichev	er is a	pplicable)		
Individual									
NRI		T S STOCK LINES TO		sident  Oth	San Commission of the				
IVKI		□ NRI Repa	atriable   NR	Non-Repatria	ble 🗆 O	thers (p	lease specify)		101 200 (4)
			Bank D	Details (Divide	end Bank	Detail	s)		
BANK NAME	INDUS	IND BANK	(			Brancl	Name FC	RT	
Address	61, SO	NAWALA	BUILDING	, MUMBAI :	SAMAC	HAR I	MARG, FOI	RT MUM	BAI
City	MUMI			IARASHTRA			NDIA	Pir	
Account type ☐ Saving  Current ☐ Others							0364		
IFSC Code         INDB0000033         MIRC Code         400234009							M		
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)							¥ Yes □ No		
I / We request In KYC applicat	T	d Electronic	Transaction-	cum-Holding	Statemer	nt at th	e email ID me	entioned	✓ Yes □ No
Some in the second seco		hrough DDP	I/ Power of A	ttorney (POA	)				✓ Yes □ No
Account to be operated through DDPI/ Power of Attorney (POA)  I/ We wish to receive dividend / interest directly into my bank account as given above through ECS (If							Yes No		
not marked, th									res □ NO



	Option	for issue of DIS Booklet						
Kindly confirm the manne	er of receiving DIS booklet	☐ I/We wish to receive the Delivery Instruction Slip (DIS) booklet						
(To be filled by person(s)s	eeking to open a	with account opening.		10 10				
Depository account where	e Power of Attorney / DDPI	☑ I/We do not wish to receive the Deli	very Insti	ruction Slip (DIS)				
has been granted to oper	ate the Depository	booklet with account opening. Howeve	er, the DIS	S booklet should be				
account)		issued to me/us immediately on my/ou	ir reques	t at a later date.				
SI	anding Instructions if accou	nt to be opened in CDSL		Please tick Yes/No				
		edge instructions in my/our account wit	hout	☐ Yes ☑ No				
any other further instruct	ion from my/our end.							
[If not marked, the defau	It option would be 'No (to be	selected if account opened in CDSL)]						
I / We would like to share		☐ Yes ☑ No						
,, to the second of the second								
Account Statement Requirement   ✓ As per SEBI Regulation □ Daily □ Weekly □ Fortnightly □ Monthly								
Annual Report Requirem	☐ Physical ☑ Electronic ☐ Both Physical	and Electr	ronic					
For Joint accounts, comn		A. Carrier and Car	1					
(Note: In case if 'first holder' is sele	cted, the communication will be sent as	s per the preference mentioned. In case 'All joint	First	t Holder				
Property of transport transport to the control of the party of the control of the	and the second second is the second	r the preference mentioned and communication to unication to 'first holder', if no option selected)	☐ All J	oint Account Holders				
	oint Accounts of securities	amedian to mot holder, who option believes,	Distan					
15		nolder or survivor(s), only specified operations such as	Joint	one of the Holder				
transfer of securities including Inte closure and invocation and confirm	the state of the contract of the contract of the state of	ecation / margin pledge / margin re-pledge (creation,		rvivor(s)				
closure and invocation and commi		TRUST FACILITY						
I wish to avail the TRUST fac		egistered for SMS Alert Facility I have read a	nd					
understood the Terms and 0	Conditions prescribed by CDSL fo	or the same.		☐ Yes ☑ No				
☐ I/We wish to register the	following clearing member IDs	under my/our below mentioned BO ID regist	ered for	(If selected Yes please clearing member details)				
TRUST Annexure B								
Stock Exchange Name/ID	Clearing Member Nan	ne Clearing Member ID (Optiona	al)					
			H-100054114114.0005					
		A STANDARD OF THE STANDARD OF						
Easi To register for ea	asi please visit our website w	vww.cdslindia.com.Easi allows a BO to v	iew his IS	IN halances				
	value of the portfolio online.		CW 1113 13	niv balances,				
IAM Factorial		DECLARATION	- I I					
	are that the details furnished a m you of any changes therein, ii	above are true and correct to the best of commediately	ur knowle	edge and belief and we				
		ormation given by me/us or suppression of an	y materia	l information will render				
		ion. I/We are aware that we may be held lial						
		read "Rights and Obligations, Terms & Cond						
	force from time to time for such	nnexure D of the attached booklet. I/we agre	e to abide	e by and to be bound by				
		•						
<ul> <li>The Same has been called upon by me in Physical Copy</li> <li>I/we also declare that I/We will continue to comply with FEMA regulations. (In case nonresident account)</li> </ul>								
	Name of Holders		Signatu	ires				
Sole/Holder/Guardian	VEDIKA AJ	MERA Vedica	Ajmes	la.				
Second Holder		Sign Here						
Third Holder		Sign Here						



	Nomin	ation Details	
I/We do not wish to nominate ar of death of all the account holder which may also include documen	ders / Guardian (in case of minor) hereby ded nyone for this Demat account and understand (s), my / our legal heirs would need to submit ts issued by Court or other such competent a	the issues involved in non-appointment of no all the requisite documents / information for uthority, based on the value of assets held in t	claiming of assets held in my Demat account, the Demat account.
	son who shall receive all the assets held in m		
Nomination Details	Nominee 1	Nominee 2	Nominee 3
Name of the nominee(s)	VEDANT AJMERA	ε	
Share of each nominee	100 %	%	%
	Any odd lot after division shall be transfe	erred to the first nominee mentioned in the f	orm.
Nominee Identification	☐ Photograph & Signature	Photograph & Signature	☐ Photograph & Signature
details (Optional)	PAN BCNPA7318F	□ PAN □ Aadhaar	□ PAN □ Aadhaar
(Please tick anyone of following and provide details of same)	□ Saving Bank Account No. □ Demat Account ID □ Proof of Identity (Provide relevant proof)	☐ Saving Bank Account No. ☐ Demat Account ID ☐ Proof of Identity (Provide relevant proof)	□ Saving Bank Account No. □ Demat Account ID □ Proof of Identity (Provide relevant proof)
Relationship (With Applicant)	BROTHER		
Address of Nominee(s)	Same As Applicant	☐ Same As Applicant	☐ Same As Applicant
Mobile/Tel No (Optional)			
Email ID (Optional)	The second second		
Date of Birth (Mandatory if Nominee is a minor)		E SERVICE STORY	Digg Rens(Person L)
Guardian Name			
Address of the Guardian	□ Same As Applicant	□Same As Applicant	□ Same As Applicant
Mobile/Tel No (Optional)			
Email ID (Optional)			
Relationship* (With Nominee)			
Guardian Identification  Details Optional:	☐ Photograph & Signature	☐ Photograph & Signature	Photograph & Signature
(Please tick anyone of following	□ PAN	□ PAN	□ PAN
and provide details of same)	<ul> <li>□ Aadhaar</li> <li>□ Saving Bank Account No.</li> <li>□ Demat Account ID</li> <li>□ Proof of Identity         (Provide relevant proof)</li> </ul>	<ul> <li>□ Aadhaar</li> <li>□ Saving Bank Account No.</li> <li>□ Demat Account ID</li> <li>□ Proof of Identity         (Provide relevant proof)</li> </ul>	<ul> <li>□ Aadhaar</li> <li>□ Saving Bank Account No.</li> <li>□ Demat Account ID</li> <li>□ Proof of Identity         (Provide relevant proof)</li> </ul>
Signature of the Holder(s)	1st Holder  Vedika Ajmes  me and address are required if the account h	2 <sup>nd</sup> Holder	3 <sup>rd</sup> Holder



,	T/	AX RESIDENCE DECL	ARATION (tick anyone, as app	licable)
I am a tax	resident of India and	not resident of any ot	her country OR	
l am a tax	resident of the count	ry/ies mentioned in th	e table below	
Country #	Tax Identification Number <sup>%</sup>	Identification Type (TIN or Other%)	ISO 3166 Country Code (of Jurisdiction of Residence)	Address (including city, state, country and pin code
			5	
•	ty of perjury, I certify	that:	TIFICATION  this information for the pu	rpose of determining the status of
<ul> <li>I under the acceptor and advice for an I agree to rep</li> </ul>	rstand that the Nuvar count holder named a con FATCA or CRS or it y tax questions. e to submit a new form e that as may be requi ort, reportable details	that:  na Group is relying on above in compliance whits impact on the account within 30 days if any ared by domestic regular.	this information for the puith FATCA/CRS. The Nuvament holder. I/we shall seek a information or certification	rpose of determining the status of a Group is not able to offer any tax dvice from professional tax advisor on this form becomes incorrect. In a group may also be required the resuspending account, as
I unde     the ac     advice     for an     I agree     to rep     appro     have under confirm that and complete accept the sa	rstand that the Nuvar count holder named a con FATCA or CRS or it y tax questions. e to submit a new forr e that as may be requi ort, reportable details priate. stood the information the information provide. I/We also confirm to	that:  na Group is relying on above in compliance we ts impact on the account within 30 days if any ired by domestic regulation to CBDT or other author requirements of this ded by me/us on this Fhat I/We have read and	this information for the puith FATCA/CRS. The Nuvament holder. I/we shall seek a information or certification ators/tax authorities, the Nuorities/agencies or close of Form (read along with the form including the taxpayer	a Group is not able to offer any tax dvice from professional tax advisor on on this form becomes incorrect.  I wama Group may also be required r suspend my account, as  FATCA/CRS Instructions) and hereby identification number is true, correct
I under the accaduce for an advice for an approximate approximate accept the salance value.  I under the accept the salance value.	rstand that the Nuvar count holder named a con FATCA or CRS or it y tax questions. e to submit a new form e that as may be requi ort, reportable details priate. stood the information the information provide. I/We also confirm t	that:  ma Group is relying on above in compliance we to impact on the account within 30 days if any ired by domestic regulate to CBDT or other author requirements of this ded by me/us on this Fhat I/We have read an	this information for the puith FATCA/CRS. The Nuvament holder. I/we shall seek a information or certification ators/tax authorities, the Nuorities/agencies or close of Form (read along with the form including the taxpayer dunderstood the FATCA Te	a Group is not able to offer any tax advice from professional tax advisor on on this form becomes incorrect. In a group may also be required a suspend my account, as a FATCA/CRS Instructions) and hereby identification number is true, correct terms and Conditions below and hereby 100 and 100 are 100 ar

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						



This page is intentionally kept blank.



To be filled in BLOCK LETTERS KYC FORM - INDIVIDUALS ( SECOND HOLDER ) **KYC Mode\*** ■Normal □EKYC OTP □EKYC Biometric □Online KYC □Offline EKYC □DigiLocker **IDENTITY DETAILS** Name of the Applicant\* **PHOTOGRAPH** Maiden Name (if any) of Applicant Father / Spouse Name\* Please affix the recent Mother Name\* passport size photographs and sign across it PAN\* Date of Birth\* Marital Status Gender\* ☐ Male ☐ Female ☐ Transgender ☐ Single ☐ Married ☐ Others ☐ IN-Indian Nationality \* ▼ Resident Individual □ Non-Resident Indian □ Foreign National □ Person of Indian Origin Residential Status\* (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 ☐ Private Sector ☐ Public Sector ☐ Government Service ☐ Business ☐ Professional ☐ Agriculture Occupation\* ☐ Retired ☐ Housewife ☐ Student ☐ Others (please specify) City of Birth **Country of Birth** ISO 3166 Country Code Proof of Identity (POI) \* Identification number\* Expiry Date (if Any) ☐ Aadhaar Card(only last 4 Digits) ☐ Voter ID Card ☐ Passport ☐ Driving license ☐ NPR ☐ NREGA Job Card ☐ Others (Any document notified by Central Government) ADDRESS DETAILS Permanent City/Town/Village Address\* Pin code District\* State Country ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified □ Aadhaar Card □ Passport Number □ Voter ID Card □ Driving License □ NREGA Job Card □ NPR Letter □ Others Doc submitted as POA\* Document number Expiry Date (if Any) ☐ Same As Permanent Address Correspondence Address\* City/Town/Village\* if different from above / Overseas Address\* (Mandatory for NRI District\* State\* Country\* Pin code Applicant) ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified □ Aadhaar Card □ Passport Number □ Voter ID Card □ Driving License □ NREGA Job Card □ NPR Letter □ Others Doc submitted as POA\* Document number\* Expiry Date (if Any) Address type to be used for communication ☐ Permanent □ Correspondence CONTACT DETAILS (to be used for all necessary reporting / communication purposes) Residence Phone Office Phone Mobile\* **Fax Details** Email ID\* 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 Company Name: Emp Name: Wet - Sign Emp Code: Designation: Date: Place: Signature: Date: Signature / Thumb Impression of the Applicant



(Plea	se consult your pro		claration (Second Holder for further guidance on	) FATCA & CRS classification)
			ARATION (tick anyone, as app	
☐ I am a tax	resident of India and	not resident of any ot	her country OR	
☐ I am a tax	resident of the count	ry/ies mentioned in th	ne 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)
		CER	TIFICATION	
I unde the accadvice	count holder named a	ma Group is relying on above in compliance w	ith FATCA/CRS. The Nuvam	rpose of determining the status of a Group is not able to offer any tax advice from professional tax advisor
<ul><li>lagree</li></ul>	e to submit a new form that as may be requi ort, reportable details	red by domestic regula		n on this form becomes incorrect. Iuvama Group may also be required r suspend my account, as
I have unders	stood the information the information provi e. I/We also confirm t	ded by me/us on this F	orm including the taxpayer	FATCA/CRS Instructions) and hereby identification number is true, correct, erms and Conditions below and hereby
Name:			Date:	
Signature:			Place:	

This space is intentionally kept blank



To be filled in BLOCK LETTERS

TO be filled in block LET	ENGINEEN SALES	INC	OPM	- INDIVIDUA	IC / TIM	D HO	DEDA		TO LINE		
KYC Mode*	ormal 🗆	EKYC OTP DEKY		Laboratory and the second	CONTRACTOR OF STREET	Total Control of the	CONTRACTOR AND ADDRESS	□DigiLock	er		
				ETAILS					glam-con-	-	
Name of the Appl	icant*	Freder Flooris		A. In the last					DI	HOTOGI	DADU
Maiden Name (if	anv)	Brothe First has	36		ne -	East No	IIIIos			of Appli	
Father / Spouse N		perio Fores		_ TOTA NAT	me	135 (8)	STORE.				
Mother Name*			101	Middle No	11.8	T. Free			Please affix the recent passport size photographs		
Date of Birth*		DOWNEY	7	PAN*					117	d sign ac	
15-15-15-15-15-15-15-15-15-15-15-15-15-1	e □ Femal	l e □Transgender	Ma	rital Status*		Single	□ Mai	rried			
Nationality *	□IN	-Indian □ Oth	ers								
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)											
☐ Private Sector ☐ Public Sector ☐ Government Service ☐ Business ☐ Professional ☐ Agriculture											
Occupation*		etired  Housew									
City of Birth		C	ountry	of Birth				ISO 3166	Country	Code	
	P	roof of Identity	(POI) *				Ident	ification nu	mber*	Expiry	y Date (if Any)
☐ Aadhaar Card(only	last 4 Digits)	Voter ID Card □	Passpo	ort 🗆 Driving I	icense 🗆	NPR					
☐ NREGA Job Card	☐ Others	(Any document notified by Ce	ntral Govern								
				ADDRESS I	DETAILS	5					
Permanent Address*	District*  ☐ Reside	s ential/Business 🗆	State*	ential 🗆 Bus	siness [		ountry*	y/ <i>Town/Villag</i> ice □ Uns	Pin	code*	
Doc submitted	Aadhaa	r Card Passport Num	ber 🗆 V	oter ID Card D	riving Licen	se 🗆 NRE	GA Job Ca	rd NPR Lette	r Others		
as POA*	Docume	ent number*						<b>Expiry Date</b>	e (if Any)	DE YOU	Film V
Correspondence Address* if different from above / Overseas Address* (Mandatory for NRI Applicant)	District*  ☐ Reside	ential/Business	State*			Regist	ountry* tered Off		Pin o	code*	
Doc submitted as POA*		r Card Passport Num	ber 🗆 V	oter ID Card LLD	riving Licen	se LI NRE	GA Job Ca				
Address type to b		ent number*		I 🗆 na			Саннаан	Expiry Dat	e (if Any)	The pelie	
Address type to b					rmanent			ondence			
Residence Phone	CONT	ACT DETAILS (to		e Phone	ssary rep	orting /		Nobile*	poses)		
Fax Details			Emai		mi-lan-man	anesan es		nobile			
rax Details			Lillai	DECLARA	ATION						
I hereby declare that changes therein, imm I may be held liable for I hereby consent to re I am also aware that masked Aadhaar card Intermediaries with versign	ediately. In or it. eceive infor for Aadhaa I with reada	mation from Central OVD based KYC, my able QR code or my A	ve infor KYC an KYC re Aadhaar	d correct to the mation is found d / or KRA regis quest shall be v XML/Digilocke	e best of r d to be fal- stry through ralidated a r XML file	se or unt gh SMS/ against A	true or m Email on Aadhaar d with passo	isleading or n above registe etails. I hereb	red numb oy consent pplicable,	nting, I an er/email to sharin	m aware that address. ng my
In-Person Verification (IPV) & Self-Attested copies received by											
	Company Name:										
Wet - Sign  Date:	Pla	ace:		Emp N Emp C Design Date: Signati	ode: ation:						
Signature / Thumb Impress				1	E CONTROL						



(Plea	ase consult your pro		eclaration (Third Holder) r for further guidance on	FATCA & CRS classification)
			ARATION (tick anyone, as app	
☐ I am a ta	x resident of India and	not resident of any ot	her country OR	
☐ I am a ta	x resident of the count	try/ies mentioned in th	ne table below	1
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)
• I unde		that: ma Group is relying on		rpose of determining the status of
advice				dvice from professional tax advisor
<ul> <li>I agre to rep</li> </ul>	e that as may be requi	red by domestic regula		n on this form becomes incorrect. uvama Group may also be required r suspend my account, as
I have under confirm that	rstood the information the information provide. I/We also confirm t	ded by me/us on this F	orm including the taxpayer	FATCA/CRS Instructions) and hereby identification number is true, correct, rms and Conditions below and hereby
Name:			Date:	
			pl-	

This space is intentionally kept blank