

Know Your Client (KYC)**Application Form (For Individuals Only)**

Please fill the form in ENGLISH and in BLOCK letters

Fields marked * are mandatory

Fields marked + are pertaining to CKYC and mandatory only if processing CKYC also

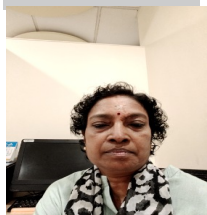
Application Number :

Application

Type* :

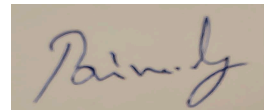
☐ New KYC☒ Modification KYC**KYC Mode*:** Please Tick ((?))☐ Normal☐ EKYC OTP☐ EKYC Biometric☒ Online KYC☐ Offline EKYC☐ Digilocker**1. Identity Details (please refer guidelines overleaf)**PAN BLWPG3169C

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)	<u>MS BINA GAJENDRAN</u>			
Maiden Name* (if any)	<u>M/S</u>			
Father / Spouse's Name*	<u>MR KASI VISHWANATHAN</u>			
Date of Birth*	<u>15/08/1967</u>			
Gender*	<input type="checkbox"/> M- Male	<input checked="" type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Marital Status*	<input type="checkbox"/> Single	<input checked="" type="checkbox"/> Married		
Nationality*	<input checked="" type="checkbox"/> Indian	<input type="checkbox"/> Other _____		
Residential Status* Please Tick (?)	<input checked="" type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian		
	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin*		

PHOTO


(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)

Signature of client



Geo Tagging

77.648998,12.9589498

Proof of Identity (POI) submitted for PAN exempted cases (Please (?) Tick)

<input type="checkbox"/> A - Aadhaar Card	_____	(Expiry Date) _____
<input type="checkbox"/> B - Passport Number	_____	(Expiry Date) _____
<input type="checkbox"/> C - Voter ID Card	_____	
<input type="checkbox"/> D - Driving License	_____	(Expiry Date) _____
<input type="checkbox"/> E - NREGA Job Card	_____	
<input type="checkbox"/> F - National Population Register Letter	_____	
<input checked="" type="checkbox"/> Z - Others	<u>AS PER EXISTING KRA</u>	(any document notified by Central Government)
Identification Number	_____	

E-sign of the Client

☐ 2. Address Details* (please refer guidelines overleaf)

A. Correspondence/ Local Address*

Line 1*

21 1ST CROSS NEAR DRDO PASE 2 B NARAYANA PURA ANKKA REDDY LAYOUT BANGALORE NORTH DOORVANINAGAR

Line 2

Line 3

City / Town / Village* BANGALORE District* BANGALORE Pin Code* 560016

State* KARNATAKA Country* INDIA

Address Type* ☐ Residential/Business ☒ Residential ☐ Business ☐ Registered Office ☐ Unspecified

B. Permanent residence address of applicant, if different from above A / Overseas Address* (Mandatory for NRI Applicant)

Line 1*

21 1ST CROSS NEAR DRDO PASE 2 B NARAYANA PURA ANKKA REDDY LAYOUT BANGALORE NORTH DOORVANINAGAR

Line 2

Line 3

City / Town / Village* BANGALORE District* BANGALORE Pin Code* 560016

State* KARNATAKA Country* INDIA

Address Type* ☐ Residential/Business ☒ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Proof of Address* (attested copy of any 1 POA for correspondence and permanent address each to be submitted)

- ☐ A - Aadhaar Card _____
- ☐ B - Passport Number _____ (Expiry Date) _____
- ☐ C - Voter ID Card _____
- ☐ D - Driving License _____ (Expiry Date) _____
- ☐ E - NREGA Job Card _____
- ☐ F - National Population Register Letter _____
- ☒ Z - Others AS PER EXISTING KRA (any document notified by Central Government)
- Identification Number _____

☐ 3. Separate email ID & mobile number declaration - i hereby declare that the below

Mobile number belongs ☒ Self ☐ Spouse ☐ Dependent Parent ☐ Dependent Children

Tel (R)* _____ Mobile No.* 9731173009

Tel (O)* _____ Extn* _____

Fax _____

Email ID belong to ☒ Self ☐ Spouse ☐ Dependent Parent ☐ Dependent Children

Email ID BINA_GAJENDRAN@YAHOO.IN

☐ 4. Applicant Declaration



I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we 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/We are aware that I/We may be held liable for it.

I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address. I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our 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. I hereby give consent to download/fetch my records/details from CKYCR/KRA to Nuvama Wealth and Investment Limited, for the purposes of establishing an account-based relationship/modification of the existing records.

Place : _____ Date : 17 SEP 2025 Signature of client



E-sign of the Client

In-Person Verification (IPV) carried out by*	Intermediary Details*
IPV Date <u>17 SEP 2025</u> Emp. Name <u>VAIBHAV JAIN</u> Emp. Code <u>5</u> Emp. Designation <u>SALES ASSOCIATE</u>	<input type="checkbox"/> Self certified document copies received (OVD) True Copies of <input type="checkbox"/> documents received (Attested) AMC / Intermediary Name : <u>QODE ADVISORS LLP</u>
	

E-sign of the Client

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

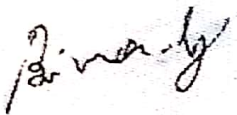
BINA GAJENDRAN

KASI VISHWANATHAN

15/08/1967

Permanent Account Number

BLWPG3169C


Signature



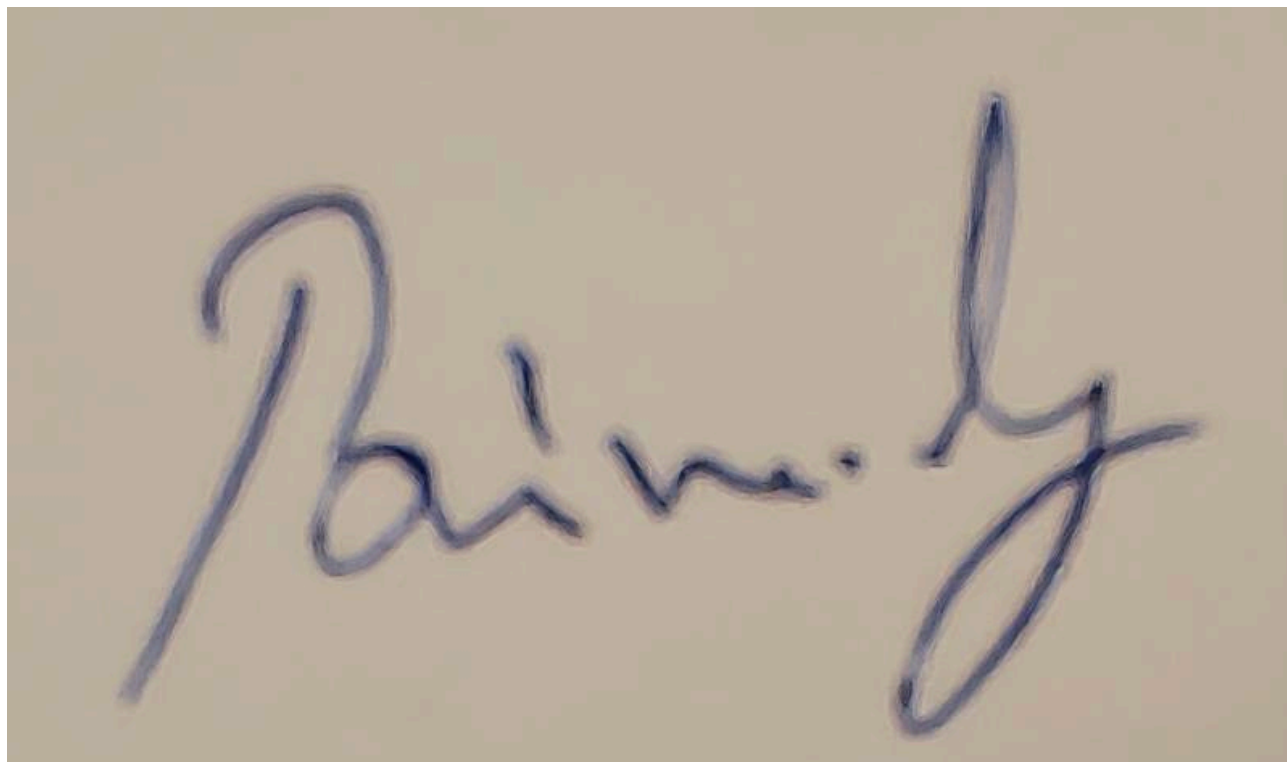
29112013



SPECIMEN SIGNATURE

NAME : BINA GAJENDRAN

PAN : BLWPG3169C

A handwritten signature in blue ink on a light beige background. The signature is written in a cursive style, starting with a large 'B' and ending with a long, sweeping tail that loops back under the 'y'.