

To be filled in BLOCK LETTERS

## KYC FORM – INDIVIDUALS ( FIRST HOLDER )

**KYC Mode\*** ☒ Normal ☐ EKYC OTP ☐ EKYC Biometric ☐ Online KYC ☐ Offline EKYC ☐ DigiLocker

## IDENTITY DETAILS

**Name of the Applicant\*** MR. KETAN SHIVAPRASAD Last Name DANAK  
**Maiden Name (if any)** Prefix First Name Middle Name Last Name  
**Father / Spouse Name\*** MR. SHIVAPRASAD TRAMBAKLAL Last Name DANAK  
**Mother Name\*** MRS. SARLA Middle Name Last Name DANAK  
**Date of Birth\*** 05/11/1955 **PAN\*** AADPD2512M  
**Gender\*** ☒ Male ☐ Female ☐ Transgender **Marital Status\*** ☐ Single ☒ Married  
**Nationality\*** ☒ IN-Indian ☐ Others



**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)  
**Occupation\*** ☒ Private Sector ☐ Public Sector ☐ Government Service ☐ Business ☐ Professional ☐ Agriculture  
☐ Retired ☐ Housewife ☐ Student ☐ Others (please specify)  
**City of Birth** UMRETH **Country of Birth** INDIA **ISO 3166 Country Code** IN

## 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)

XXXX-XXXX-9480

DD/MM/YYYY

## ADDRESS DETAILS

## Permanent Address\*

LEELA ADMIN BUILDING 4<sup>TH</sup> FLOOR APARTMENT NO 1, THE LEELA COMPLEX  
 ANDHERI KURLA ROAD, ANDHERI EAST **City/ Town/Village\*** MUMBAI  
**District\*** MUMBAI **State\*** MAHARASHTRA **Country\*** INDIA **Pin code\*** 400059  
☐ Residential/Business ☒ Residential ☐ Business ☐ Registered Office ☐ Unspecified

## Doc submitted as POA \*

☒ Aadhaar Card ☐ Passport Number ☐ Voter ID Card ☐ Driving License ☐ NREGA Job Card ☐ NPR Letter ☐ Others

## Document number\*

XXXX-XXXX-9480

Expiry Date (if Any)

DD/MM/YYYY

Correspondence Address\*  
if different from above / Overseas Address\* (Mandatory for NRI Applicant)☒ Same As Permanent Address

**City/ Town/Village\***  
**District\*** **State\*** **Country\*** **Pin code\***  
☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

## Doc submitted as POA \*

☐ Aadhaar Card ☐ Passport Number ☐ Voter ID Card ☐ Driving License ☐ NREGA Job Card ☐ NPR Letter ☐ Others

## Document number\*

Expiry Date (if Any)

DD/MM/YYYY

## 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\*** 9324150600  
**Fax Details** **Email ID\*** KETANDANAK@GMAIL.COM

## 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

I hereby give consent to download/fetch my records/details from CKYC/KRA to Nuvama Wealth and investment limited, for the purposes of establishing an account-based relationship/modification of the existing records.

E-sign

Wet - Sign

Date: 11-DEC-24 Place: MUMBAI  
 Signature / Thumb Impression of the Applicant

Code Advisor LLP  
FOR OFFICE USE ONLY

In-Person Verification (IPV) &amp; Self-Attested copies received by

Company Name:

Emp Name:

Emp Code:

Designation:

Date:

Signature:

IN-PERSON VERIFICATION

Date of Verification 28/11/2024

Name of Official Vaibhav Jain

Designation of Emp! Operations Analyst

Employee Code 1005

Signature of Official Vaibhav Jain



**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**
☒ NSDL DEMAT (DP ID – IN303719) ☐ 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	DD/MM/YYYY				

**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
<b>Name *</b>	KETAN SHIVAPRASAD DANAK		
<b>PEP/RPEP *</b>	<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
<b>SMS alert facility</b> 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
<b>Mobile No. for SMS alert</b>	9324150600		

**INCOME RANGE PER ANNUM**

<b>Gross Annual Income*</b> (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 checked="" type="checkbox"/> INR 10 - 25 Lacs	<input type="checkbox"/> INR 25 Lacs - 1 crore <input type="checkbox"/> More than INR 1 crore
<b>Net Worth Details</b> (Not older than 1 year)		<b>As on Date</b>	

**Type Of Account (Please tick whichever is applicable)**

<b>Status</b>	<b>Sub Status</b>
<b>Individual</b>	<input checked="" type="checkbox"/> Individual/Ordinary Resident <input type="checkbox"/> Others (please specify) _____
<b>NRI</b>	<input type="checkbox"/> NRI Repatriable <input type="checkbox"/> NRI Non-Repatriable <input type="checkbox"/> Others (please specify) _____

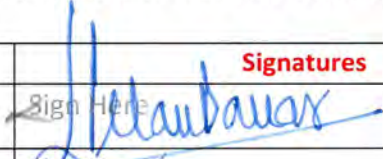
**Bank Details (Dividend Bank Details)**

<b>BANK NAME</b>	INDUSIND BANK	<b>Branch Name</b>	FORT
<b>Address</b>	61, SONAWALA BUILDING, MUMBAI SAMACHAR MARG, FORT MUMBAI		
<b>City</b>	MUMBAI	<b>State</b>	MAHARASHTRA
<b>Country</b>	INDIA	<b>Pin</b>	400001
<b>Account type</b>	<input type="checkbox"/> Saving <input checked="" type="checkbox"/> Current <input type="checkbox"/> Others _____	<b>Account No</b>	201015570364
<b>IFSC Code</b>	INDB00000033	<b>MIRC Code</b>	400234009
<b>For NRI Only</b>	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		Please tick Yes/No
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
<b>Account Statement Requirement</b>	<input checked="" type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	
<b>Annual Report Requirement</b> <small>(If not marked the default option would be in Physical)</small>	<input type="checkbox"/> Physical <input checked="" type="checkbox"/> Electronic <input type="checkbox"/> Both Physical and Electronic	
<b>For Joint accounts, communication to be sent to</b> <small>(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)</small>		<input type="checkbox"/> First Holder <input type="checkbox"/> All Joint Account Holders
<b>Mode of Operations for Joint Accounts of securities</b> <small>(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)</small>		<input type="checkbox"/> Jointly <input 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 <b>Annexure B</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>(If selected Yes please clearing member details)</small>
<b>Stock Exchange Name/ID</b>	<b>Clearing Member Name</b>	<b>Clearing Member ID (Optional)</b>
<b>Easi</b>	To register for e asi, please visit our website <a href="http://www.cdslindia.com">www.cdslindia.com</a> . Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online.	
DECLARATION		
<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>I/We acknowledge that I/we have received and read "Rights and Obligations, Terms &amp; Conditions of the Beneficial Owner and Depository Participant" as per 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.</li> <li>The Same has been called upon by me in <input type="checkbox"/> Physical Copy <input checked="" type="checkbox"/> Soft Copy</li> <li>I/we also declare that I/We will continue to comply with FEMA regulations. <i>(In case nonresident account)</i></li> </ul>		
<b>Note:</b> In case you meet the following conditions the account will be opened under Basic Services Demat Account: <ol style="list-style-type: none"> <li>The individual has or proposes to have only one demat account where he/she is the sole or first holder</li> <li>The individual shall have only one BSDA in his/her name across all depositories</li> <li>value of securities held in the demat account shall not exceed Rs. 10 Lakhs for debt and other than debt securities combined at any point of time.</li> </ol>		
<b>Name of Holders</b>		<b>Signatures</b>
<b>Sole/Holder/Guardian</b>	KETAN SHIVAPRASAD DANAK	Sign Here 
<b>Second Holder</b>		Sign Here
<b>Third Holder</b>		Sign Here

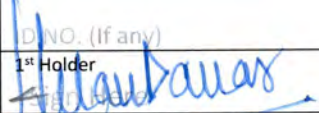


### Nomination Details

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
<b>Name of the nominee(s)</b>			
<b>Share of each nominee</b>	%	%	%
<b>Any odd lot after division shall be transferred to the first nominee mentioned in the form.</b>			
<b>Nominee Identification details</b> (Optional)  (Please tick anyone of following and provide details of same)	<input type="checkbox"/> <u>Photograph &amp; 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 &amp; 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 &amp; 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)
	ID NO. (If any)	ID NO. (If any)	ID NO. (If any)
<b>Relationship</b> (With Applicant)			
<b>Address of Nominee(s)</b>	<input type="checkbox"/> Same As Applicant  _____ _____ _____	<input type="checkbox"/> Same As Applicant  _____ _____ _____	<input type="checkbox"/> Same As Applicant  _____ _____ _____
<b>Mobile/Tel No</b> (Optional)			
<b>Email ID</b> (Optional)			
<b>Date of Birth</b> (Mandatory if Nominee is a minor)	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
<b>Guardian Name</b>			
<b>Address of the Guardian</b>	<input type="checkbox"/> Same As Applicant  _____ _____ _____	<input type="checkbox"/> Same As Applicant  _____ _____ _____	<input type="checkbox"/> Same As Applicant  _____ _____ _____
<b>Mobile/Tel No</b> (Optional)			
<b>Email ID</b> (Optional)			
<b>Relationship*</b> (With Nominee)			
<b>Guardian Identification Details Optional:</b> (Please tick anyone of following and provide details of same)	<input type="checkbox"/> <u>Photograph &amp; 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 &amp; 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 &amp; 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)
	ID NO. (If any)	ID NO. (If any)	ID NO. (If any)
<b>Signature of the Holder(s)</b>	1 <sup>st</sup> Holder 	2 <sup>nd</sup> Holder Sign Here	3 <sup>rd</sup> Holder Sign Here

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 <sup>o</sup>	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:  KETAN DANAK

Date: 28/11/2024

Signature:  Sign Here

Place: MUMBAI

[5]

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

**Acknowledgement Receipt**

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

[5]

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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

<b>Name of the Applicant*</b>	Prefix	First Name	Middle Name	Last Name
<b>Maiden Name (if any)</b>	Prefix	First Name	Middle Name	Last Name
<b>Father / Spouse Name*</b>	Prefix	First Name	Middle Name	Last Name
<b>Mother Name*</b>	Prefix	First Name	Middle Name	Last Name
<b>Date of Birth*</b>	DD/MM/YYYY		<b>PAN*</b>	
<b>Gender*</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender		<b>Marital Status*</b>	<input type="checkbox"/> Single <input type="checkbox"/> Married
<b>Nationality *</b>	<input type="checkbox"/> IN-Indian <input type="checkbox"/> Others _____			

**PHOTOGRAPH  
of Applicant**

 Please affix the recent  
passport size photographs  
and sign across it

<b>Residential Status*</b>	<input 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>			
<b>Occupation*</b>	<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) _____			
<b>City of Birth</b>		<b>Country of Birth</b>		<b>ISO 3166 Country Code</b>
<b>Proof of Identity (POI) *</b>			<b>Identification number*</b>	<b>Expiry Date (if Any)</b>
<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)				DD/MM/YYYY

## ADDRESS DETAILS

<b>Permanent Address*</b>	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			
<b>Doc submitted as POA*</b>	<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)	DD/MM/YYYY
<b>Correspondence Address*</b> <small>if different from above / Overseas Address* (Mandatory for NRI Applicant)</small>	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			
<b>Doc submitted as POA*</b>	<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)	DD/MM/YYYY
<b>Address type to be used for communication</b>		<input type="checkbox"/> Permanent <input type="checkbox"/> Correspondence		

## CONTACT DETAILS (to be used for all necessary reporting / communication purposes)

<b>Residence Phone</b>		<b>Office Phone</b>		<b>Mobile*</b>	
<b>Fax Details</b>		<b>Email ID*</b>			

## 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

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.

## FOR OFFICE USE ONLY

E-sign	<b>In-Person Verification (IPV) &amp; Self-Attested copies received by</b>	
	Company Name: Emp Name: Emp Code: Designation: Date: Signature:	
Wet - Sign	Sign Here	
<b>Date:</b>	<b>Place:</b>	
Signature / Thumb Impression of the Applicant		



**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 <sup>%</sup>	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: <span style="margin-left: 100px;">Sign Here</span>	Place:

**This space is intentionally kept blank**



To be filled in BLOCK LETTERS

## KYC FORM – INDIVIDUALS ( THIRD HOLDER )

**KYC Mode\*** ☐ Normal ☐ EKYC OTP ☐ EKYC Biometric ☐ Online KYC ☐ Offline EKYC ☐ DigiLocker

## IDENTITY DETAILS

<b>Name of the Applicant*</b>	Prefix	First Name	Middle Name	Last Name
<b>Maiden Name (if any)</b>	Prefix	First Name	Middle Name	Last Name
<b>Father / Spouse Name*</b>	Prefix	First Name	Middle Name	Last Name
<b>Mother Name*</b>	Prefix	First Name	Middle Name	Last Name
<b>Date of Birth*</b>	DD/MM/YYYY		<b>PAN*</b>	
<b>Gender*</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender		<b>Marital Status*</b>	<input type="checkbox"/> Single <input type="checkbox"/> Married
<b>Nationality *</b>	<input type="checkbox"/> IN-Indian <input type="checkbox"/> Others _____			

**PHOTOGRAPH  
of Applicant**

 Please affix the recent  
passport size photographs  
and sign across it

<b>Residential Status*</b>	<input 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>		
<b>Occupation*</b>	<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) _____		
<b>City of Birth</b>		<b>Country of Birth</b>	<b>ISO 3166 Country Code</b>
<b>Proof of Identity (POI) *</b>		<b>Identification number*</b>	<b>Expiry Date (if Any)</b>
<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) _____			DD/MM/YYYY

## ADDRESS DETAILS

<b>Permanent Address*</b>	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			
<b>Doc submitted as POA*</b>	<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)	DD/MM/YYYY
<b>Correspondence Address*</b> <small>if different from above / Overseas Address* (Mandatory for NRI Applicant)</small>	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			
<b>Doc submitted as POA*</b>	<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)	DD/MM/YYYY
<b>Address type to be used for communication</b>		<input type="checkbox"/> Permanent <input type="checkbox"/> Correspondence		

## CONTACT DETAILS (to be used for all necessary reporting / communication purposes)

<b>Residence Phone</b>		<b>Office Phone</b>		<b>Mobile*</b>	
<b>Fax Details</b>		<b>Email ID*</b>			

## 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

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.

## FOR OFFICE USE ONLY

E-sign	<b>In-Person Verification (IPV) &amp; Self-Attested copies received by</b>	
	Company Name: Emp Name: Emp Code: Designation: Date: Signature:	
Wet - Sign	Sign Here	
Date:	Place:	
Signature / Thumb Impression of the Applicant		



**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: <i>Sign Here</i>	Place:

**This space is intentionally kept blank**