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Father / Spouse N		(a) N 1 (a)	RAMBAKLAL			
Mother Name*	David Circ	A Alexander A Alexandra		Mam DANAK		
Date of Birth*		THECH				
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	on of the Applicant		gnature:	Designation of Empr	- pora aor	31 Wary!
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Ad	lditional K	YC Form for Op	ening a Demat	Accou	nt O	PENING	NSDL a	nd CDSL	(Ind	ividual)
		and the second second	JVAMA WEALTH				777			CONTRACTOR OF THE STATE OF THE
Eig	ght Floor 80'	1 to 804, Inspire BK	Please tick an				omplex, B	Bandra East,	, Mun	nbai-400051
✓ NSDL DEMAT	(DP ID - IN	1303719)	ricase tick ai	1		MAT (DP	ID -			1
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Application No		To be filled by the Depository participant in BLOCK LETTERS in English Client ID DP Internal Ref No								
Date	DD/IV	IM/YYYY				, Di	meema	i itel ito		
		est you to open	a Depository ac	count in	Mv/	Our nan	ne as pe	r the belo	w De	tails
			Details of							
Account Holders		Sole /Fir	st Holder			ond Hole	der			Third holder
Name *		KETAN SHI								
PEP/RPEP *		☐ Yes ☑ No		☐ Ye	s 🗆 N	0		□ Y6	es 🗆	No
SMS alert facilit Mobile number ma POA selected		✓Yes □ No		☐ Yes ☐ No		□ Ye	es 🗆	No		
Mobile No. for S	SMS alert	9324150	0600							
			INCOME RA	NGE PE	RAN	NUM				
Gross Annual	Income*	☐ Up to INR 1	Lac		IR 5 -	10 Lacs			VR 25	Lacs - 1 crore
(Not older than	n 1 year)	☐ INR 1 - 5 Lacs		☑ INR 10 - 25 Lacs			☐ More than INR 1 crore			
Net Worth I (Not older than					A	s on Dat	e			
			Account (Please	tick w	hiche	ver is ap	plicable			
Status		Sub Status								
Individual		☑ Individual/Ord	inary Resident	Others	(pleas	e specify)			
NRI		☐ NRI Repatriable	e 🗆 NRI Non-Rep	atriable	0	thers (ple	ease spec	ify)		
			Bank Details (D	ividend	Bank	Details)				
BANK NAME	INDUSIN					Branch		FORT		
Address	61, SONA	WALA BUILDING	, MUMBAI SAM	ACHAR	MARG	, FORT	MUMBAI			
City	MUMBAI	State	MAHARASHT	RA	Cou	ntry II	NDIA		Pir	400001
Account type	☐ Saving	Current □	Others		Acco	unt No	201015	5570364		
IFSC Code	INDB0000	033	MIRC	Code	4002	34009				
For NRI Only										
	Stand	ing Instructions i	f account to be	opened	in NS	DL/ CDS	L			Please tick Yes/No
I / We instruct t	he DP to re	eceive each and e	very credit in m	y/our ad	coun	t.	(Auto	matic Cred	dit)	✓Yes □ No
		Electronic Trans	action-cum-Holo	ding Sta	temer	nt at the	email ID	mention	ed	✓Yes □ No
In KYC application										
		rough DDPI/ Pow		V. 10 10 1						✓Yes □ No
		end / interest dir ption would be 'Y								✓Yes □ No



	Option	for issue	of DIS Booklet			
	of receiving DIS booklet (To be o open a Depository account DDPI has been granted to	☐ I/We account ✓ I/We with acc	wish to receive the opening. do not wish to rece	ive the Delivery ever, the DIS boo	Instruction	(DIS) booklet with on Slip (DIS) booklet uld be issued to me/us
	Standing Instructions if accou					Please tick Yes/No
	t the DP to accept all the pledge	ther	☐ Yes ☑ No			
further instruction from my		A		1.5		
	option would be 'No (to be selec					
I / We would like to shar	e the email ID with the RTA (t	o be selec	ted if account oper	ed in CDSL)		☐ Yes ☑ No
Account Statement Req	uirement	✓ As per	er SEBI Regulation [Daily 🗆 Week	kly 🗆 Foi	tnightly Monthly
Annual Report Requiren	nent	☐ Physi	cal 🗹 Electronic 🗆	Both Physical a	nd Electi	onic
(If not marked the default option			201 217,000			
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	mication to first holder will be sent as pe mode. The default option will be commi				☐ All J	oint Account Holders
(Note: If Mode of Operation for Jo	Joint Accounts of securities oint Account is chosen as anyone of the her-Depository Transfer, pledge / hypothe					ne of the Holder
closure and invocation and confirm	mation thereof as applicable)				or Su	rvivor(s)
	cility using the Mobile number re	TRUST F				
	Conditions prescribed by CDSL for following clearing member IDs Clearing Member Nam	under my/				☐ Yes ❤️ No (If selected Yes please clearing member details)
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And the latest and th	asi, please visit our website w		ndia.com.Easi allo	ows a BO to vie	w his IS	N balances,
		DECLAR	ATION			
 to inform you of any of all the further agree that account liable for term I/We acknowledge the Depository Participant accounts. The Same has been care 	nat the details furnished above a hanges therein, immediately. It any false / misleading informationation and suitable action. I/We at I/we have received and read as per booklet. I/we agree to all lied upon by me in Physical Colline will continue to comply with the hand and the property of the propert	tion given e are awar I "Rights a bide by an	by me/us or suppre e that we may be h and Obligations, Te d to be bound by th oft Copy	ession of any mat eld liable for it. rms & Condition te rules as are in	erial info	ermation will render my
 The individual has or pro The individual shall have 	t the following conditions the ac oposes to have only one demat a conly one BSDA in his/her name in the demat account shall not e	ccount wh across all	ere he/she is the so depositories	ole or first holder	debt seci	urities combined at any
	Name of Holders			1.1	Signatu	res
Sole/Holder/Guardian	KETAN SHIVAPRASAS	D DAN	AK Sig	Ittando	Max	_
Second Holder			Sie	Here		
Third Holder			Sig	n Here		



A SPORT A STORY	Nomin	ation Details	
I/We do not wish to nominate ar	ders / Guardian (in case of minor) hereby ded nyone for this Demat account and understand	clare that: the issues involved in non-appointment of no	claiming of assets held in my Demat account,
which may also include documen	its issued by Court or other such competent are son who shall receive all the assets held in my	uthority, based on the value of assets held in t	the Demat account.
Nomination Details	Nominee 1	Nominee 2	Nominee 3
Name of the nominee(s)			
Share of each nominee	%	%	%
	Any odd lot after division shall be transfe	erred to the first nominee mentioned in the f	
Nominee Identification	☐ Photograph & Signature	☐ Photograph & Signature	☐ Photograph & Signature
details (Optional)	PAN	□ PAN	□ PAN
	☐ Aadhaar	☐ Aadhaar	☐ Aadhaar
(Please tick anyone of following	Saving Bank Account No.	☐ Saving Bank Account No.	☐ Saving Bank Account No.
and provide details of same)	☐ Demat Account ID	☐ Demat Account ID	☐ Demat Account ID
	☐ Proof of Identity	☐ Proof of Identity	☐ Proof of Identity
	(Provide relevant proof)	(Provide relevant proof)	(Provide relevant proof)
			to an a fill and
Relationship (With Applicant)	ID NO. (If any)	ID NO. (If any)	ID NO. (IL any)
Address of Nominee(s)	☐ Same As Applicant	☐ Same As Applicant	☐ Same As Applicant
Address of Northhee(s)	Same As Applicant	Same As Applicant	
			8
Mobile/Tel No (Optional)			
Email ID (Optional)			
Date of Birth (Mandatory if Nominee is a minor)	ĐĐ/N/M/YYYY	DD/MM/YYYY	DD/MM/YYYY
Guardian Name			
Address of the Guardian	☐ Same As Applicant	☐Same As Applicant	☐ Same As Applicant
		- 37	
Mobile/Tel No (Optional)			
Email ID (Optional)			
Relationship* (With Nominee)	-		
Guardian Identification	☐ Photograph & Signature	☐ Photograph & Signature	☐ Photograph & Signature
Details Optional:			DAN
(Please tick anyone of following	□ PAN	□ PAN	☐ PAN ☐ Aadhaar
and provide details of same)	☐ Aadhaar	☐ Aadhaar ☐ Saving Bank Account No.	☐ Saving Bank Account No.
	☐ Saving Bank Account No. ☐ Demat Account ID	□ Saving Bank Account No.□ Demat Account ID	□ Demat Account ID
	☐ Proof of Identity	☐ Proof of Identity	□ Proof of Identity
	(Provide relevant proof)	(Provide relevant proof)	(Provide relevant proof)
	DNO. (If any)	ID NO. (If any)	ID NO. (If any)
Signature of the Holder(s)	1st Holder	2 nd Holder	3 rd Holder
	The state of the s	Sign Here	Sign Here
Signature of witness along with na	me and address are required, if the account h	older Affixes thumb impression, instead of sign	nature



	T	AX RESIDENCE DECL	ARATION (tick anyone, as app	licable)
I am a ta	x resident of India and	not resident of any ot	her country OR	
l am a ta	x resident of the count	try/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
nder penal	ty of perjury, I certify		TIFICATION	
the advice	ccount holder named a e on FATCA or CRS or it	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
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Ackno	owledgement Receipt		
Application No	Date	DD/MM/YYYY	
We Hereby acknowledge the receipt of the Account	Opening Form		
Name of the Sole / Holder			
Second Holder		A	
Third Holder			
Depository Participant Sign	Date	DD/MM/YTTY	





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Father / Spouse N	ame*	Prefix First Nan	ne Mid	dle Name	Last Na	ame		-1	er et	
Mother Name*	223	Prefix First Nan	ne Mid	dle Name	Last Na	ame			se affix the ort size pho	otographs
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	Ab - d-A-1	ls furnished above are	true and corr	ECLARATI	est of my know	vledge and b	pelief and I u	ndertak	e to infor	m you of any
changes therein, imp	nediately.	In case any of the abo	ve information	is found to	be false or un	true or misle	eading or mis	represe	enting, I ar	n aware that
I may be held liable	for it.									
I hereby consent to	eceive info	ormation from Central	KYC and/or K	RA registry	through SMS/E	Email on abo	ove registered	consen	er/email a t to sharin	aaress.
I am also aware that	tor Aadha	ar OVD based KYC, my dable QR code or my	Aadhaar XML/	Digilocker X	ML file, along	with passco	de and as app	olicable,	with KRA	and other
Intermediaries with	whom I ha	ve a business relation	ship for KYC p	urposes only	1					
I hereby give consen	t to down	load/fetch my records	details from (CKYCR/KRA	to Nuvama We	ealth and inv	estment/limi	ited, for	the purp	oses of
establishing an acco	unt-based	relationship/modifica	tion of the exi	sting record	5.	FOR OF	FICE USE ON	LY		
L-31B11				li li	n-Person Verifi	ication (IPV)	& Self-Attes	ted copi	es receive	ed by
				Company						
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Signature:



(Plea	ase consult your pro		claration (Second 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	
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)
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 I under the advice for area. I agree to repapped. I have under confirm that and complete. 	e on FATCA or CRS or in the tax questions. The to submit a new form the that as may be required to the the information provided. The information provided it is a submit a new form the information provided.	ma Group is relying on above in compliance we ts impact on the account within 30 days if any ired by domestic regulated to CBDT or other author requirements of this fided by me/us on this F	ith FATCA/CRS. The Nuvament holder. I/we shall seek a information or certification ators/tax authorities, the Nuvamenties/agencies or close of Form (read along with the form including the taxpayer	rpose of determining the status of a Group is not able to offer any tax advice from professional tax advisor on on this form becomes incorrect. In on this form becomes incorrect. In our this form becomes incorrect, as a FATCA/CRS Instructions) and hereby indentification number is true, correct, terms and Conditions below and hereby
accept the s	ame.			

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Sign Here

Place:

To be filled in BLOCK LETTERS



		FORM - IND						
KYC Mode* □N	lormal □EKYC OTP □EK	YC Biometric	□Online	KYC □Offlir	ne EKYC DigiL	.ocker		
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Father / Spouse N	lame* Prefix First N	ame Mic	ldle Name	Last N	ame	Plea	se affix the	recent
Mother Name*	Prefix First N	ame IVIid	ldle Name	Last N	ame	passpo	ort size ph	otographs
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Occupation*	☐ Private Sector ☐ ☐ Retired ☐ House	Public Sector	☐ Govern	ment Servic	e 🗌 Business 🗆	Profession	al 🗆 Agr	iculture
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City of Birth	Proof of Identity				Identification	number*	Expiry	Date (if Any)
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	Others (Any document notified by						DD/IVII	AIVITTI
			RESS DE	TAILS				
Permanent					City/Town/V	/illage*		
Address*	District*	State*		Co	ountry*	Pin	code*	
	☐ Residential/Business	☐ Residential	☐ Busine	ess 🗆 Regist	tered Office	Unspecified		
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as POA*	Document number*				Expiry	Date (if Any)	DD/MW	/YYYY
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if different from above / Overseas Address*	District*	State*		C	ountry*	Pin	code*	
(Mandatory for NRI Applicant)	☐ Residential/Business	☐ Residential			tered Office			
Doc submitted	☐ Aadhaar Card ☐ Passport N	umber Voter ID	Card Drivin	ng License NR	EGA Job Card NPR	Letter Others		
as POA*	Document number*		Y		Expiry	Date (if Any)	DD/IMIV	/YYYY
Address type to I	e used for communicati	on	☐ Perm	anent \square	Correspondent	ce		
	CONTACT DETAILS		all necessa	ry reporting ,	/ communication	purposes)		
Residence Phone		Office Pho			Mobile*			
Fax Details		Email ID*						
			ECLARAT					
changes therein, imn I may be held liable I hereby consent to I am also aware that masked Aadhaar car Intermediaries with I hereby give consen	receive information from Cent for Aadhaar OVD based KYC, d with readable QR code or m whom I have a business relati at to download/fetch my recor	bove information in the informat	n is found to KRA registry shall be vali 'Digilocker X jurposes onl CKYCR/KRA	o be false or un y through SMS, dated against (ML file, along y to Nuvama W	true or misleading /Email on above re Aadhaar details. I l with passcode and	g or misrepress egistered numl hereby consen I as applicable	per/email t to sharir with KRA	address. ig my and other
	unt-based relationship/modif	ication of the ex	sting record	15.	FOR OFFICE U	ISE ONLY		
E-sign				n-Person Verif	ication (IPV) & Self	A A COMPLEX BUILDING	ies receive	ed by
			Company	Name:				
Mot Cinn			Emp Nam					
Wet - Sign	n Here		Emp Cod					
-16			Designati	on:				
Date:	Place:		Signature	2:				
Signature / Thumb Impre	ssion of the Applicant		Jigilature					



(Plea	ase consult your pro	fessional tax advisor	r for further guidance on	FATCA & CRS classification)
	T	AX RESIDENCE DECL	ARATION (tick anyone, as app	licable)
🗌 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	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)
				100
		CER	TIFICATION	
 I under the advice for an I agree I agree to repaper to repaper to the confirm that and complete 	ccount holder named a e on FATCA or CRS or in by tax questions. e to submit a new form e that as may be requi- port, reportable details opriate. rstood the information the information provi	ma Group is relying on above in compliance we ts impact on the account within 30 days if any ired by domestic regulated to CBDT or other author requirements of this ded by me/us on this F	ith 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	rpose of determining the status of a Group is not able to offer any tax advice from professional tax advisor on this form becomes incorrect. In on this form becomes incorrect. In our this form becomes incorrect avama Group may also be required a suspend my account, as a FATCA/CRS Instructions) and hereby identification number is true, correct, erms and Conditions below and hereby
accept the s Name:	ame.			
ivallie.			Date:	

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