

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 AALPM2875Q

Prefix	First Name	Middle Name	Last Name
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Name* (Same as ID proof)	MR INDRU HARISH MIRCHANDANI		
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Maiden Name* (if any)	M/S		
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Father / Spouse's Name*	MR HARISH BULCHAND MIRCHANDANI		
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Date of Birth*	31/10/1966		
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Gender*	<input checked="" type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender
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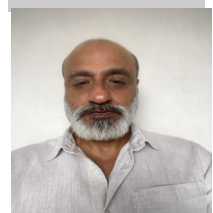
Marital Status*	<input type="checkbox"/> Single	<input checked="" type="checkbox"/> Married	
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Nationality*	<input checked="" type="checkbox"/> Indian	<input type="checkbox"/> Other	
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Residential Status* Please Tick (?)	<input checked="" type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian	
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<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin*	
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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

72.84683875734302,19.01461048509413

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

<input checked="" type="checkbox"/> A - Aadhaar Card	XXXX-XXXX-6022	
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<input type="checkbox"/> B - Passport Number		(Expiry Date)
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<input type="checkbox"/> C - Voter ID Card		
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<input type="checkbox"/> D - Driving License		(Expiry Date)
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<input type="checkbox"/> E - NREGA Job Card		
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<input type="checkbox"/> F - National Population Register Letter		
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<input type="checkbox"/> Z - Others		(any document notified by Central Government)
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Identification Number		
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E-sign of the Client

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

A. Correspondence/ Local Address*

Line 1*

C/O HARISH MIRCHANDANI B-2001 FLOOR-20TH RA RESIDENCY MUMBAI MARATHI GRANTH SANGRAHALAYA MARG DADAR

Line 2

EAST KOHINOOR MILL NO1 AND 2 DADAR MUMBAI

Line 3

City / Town / Village* MUMBAI District* MUMBAI Pin Code* 400014

State* MAHARASHTRA 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*

C/O HARISH MIRCHANDANI B-2001 FLOOR-20TH RA RESIDENCY MUMBAI MARATHI GRANTH SANGRAHALAYA MARG DADAR

Line 2

EAST KOHINOOR MILL NO1 AND 2 DADAR MUMBAI

Line 3

City / Town / Village* MUMBAI District* MUMBAI Pin Code* 400014

State* MAHARASHTRA 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.* 9920625027

Tel (O)* _____ Extn* _____

Fax _____

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

Email ID INDRUAK@YAHOO.COM

☐ 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 : 05 NOV 2025 Signature of client



E-sign of the Client

In-Person Verification (IPV) carried out by*	Intermediary Details*
IPV Date <u>05 NOV 2025</u> Emp. Name <u>CHITT AJAY AGRAWL</u> Emp. Code <u>030</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>
 ee Signature and Stamp	Institution  mp

E-sign of the Client

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

INDRU HARISH MIRCHANDANI
HARISH BULCHAND MIRCHANDANI

31/10/1966
Permanent Account Number
AALPM2875Q


Signature







19012015



SPECIMEN SIGNATURE
NAME :INDRU HARISH MIRCHANDANI
PAN : AALPM2875Q

A handwritten signature in black ink, appearing to read 'Indru Harish Mirchandani', with a long horizontal flourish extending from the bottom right.