

To be filled in BLOCK LETTERS in English

## KYC FORM – NON INDIVIDUALS

## IDENTITY DETAILS

Name of the Applicant*	KIRAN SRINIVAS KULKARNI HUF		
Date of Incorporation*	26/12/2023	Date of Commencement*	26/12/2023
Place of Incorporation*	BANGALORE	PAN*	AAPHK0528L
Registration number (CIN Number)			
TIN / GST Registration No.			

## ENTITY TYPE

- ☐ Private Ltd. Co. ☐ Public Ltd. Co. ☐ Partnership ☐ Trust/Charity/NGO ☒ HUF ☐ FPI Category I ☐ FPI Category II  
☐ Body Corporate ☐ AOP ☐ Bank ☐ Government Body ☐ Defence Establishment ☐ Body of Individuals Society LLP  
☐ Non-Government Organization ☐ Others

## Proof of Identity:

- ☒ Officially Valid Document(s) in respect of person authorized to transact (Select one from below)  
☐ Aadhaar Card (only last 4 Digits) ☐ Voter ID Card ☐ Passport ☐ Driving license ☐ NPR ☐ NREGA Job Card  
☒ Others (Any document notified by Central Government) PAN CARD  
☐ Certificate of Incorporation/Formation ☐ Registration Certificate  
☐ Memorandum of Articles and Association ☐ Partnership Deed ☐ Trust Deed ☐ Board Resolution  
☐ Power of attorney granted to its manager, office, employees to transact on its behalf  
☐ Activity Proof –1 + (For Sole Proprietorship Only) ☐ Activity Proof –2 + (For Sole Proprietorship Only)

## ADDRESS DETAILS

Registered Address*	A304, RAINBOW WATERFRONT APT, KENGERI, MN RD, UTTARA HALLI, SUBRAMANYAPURA, NEXT TO RAJATHADRI HOTEL, BANGALORE, KARNATAKA – 560061.			
	District*	State*	Country*	Pin code*
	BANGALORE	KARNATAKA	INDIA	560061
Business/Correspondence Address (if any)	<input checked="" type="checkbox"/> Same As Registered Address City/Town/Village* District* State* Country* Pin code*			

## Proof of address\*

- attested copy of any one POA to be submitted # Not more than 3 months old  
☐ Certificate of Incorporation/Formation ☐ Registration Certificate ☐ Other document  
☐ Latest Telephone Bill\* (Landline only) ☐ Latest Electricity Bill\* ☒ Latest Bank Account Statement\*  
☐ Registered Lease/ Sale Agreement of Office Premises Validity/Expiry Date of POA DD/MM/YYYY  
☐ Any other proof of address document (as listed overleaf)

Tax Residency Address ☒ Business (Correspondence) ☐ Registered Office

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

Landline Phone No:	Mobile No*	99804 00524
Fax No:	Email ID*	kiranskulkarni@gmail.com

## DECLARATION

I/We hereby declare that the details furnished above are true and correct to the best of my 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 receive information from Central KYC and/or KRA registry through SMS/Email on above registered number/email address.

Annexures Submitted - Number of related person's : 1

For:

KIRAN SRINIVAS KULKARNI HUF

Name & Signature of the Authorised Signatory  
(With stamp)

Date: 31/10/2025 Place: BANGALORE

## FOR OFFICE USE ONLY

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

Company Name:	Qode Advisor LLP	
Emp Name:	VERIFIED WITH ORIGINAL	
Emp Code:	IN-PERSON VERIFICATION	
Designation:	Date of Verification	
Date:	10/11/2025	
Signature:	Name of Official	Yash Sawant
	Designation of Empl	Fund Ops Analyst
	Employee Code	040
	Signature of Official	Yash




## ANNEXURE 1

### Details of Related Person (Minimum 2)

(Whole Time Directors & Authorised Signatories, Partners, Karta, Trustees)

APPLICANT NAME		KIRAN SRINIVAS KULKARNI HUF		PAN	AAPHK0528L
PAN*	AHPPK0162M	Date of Birth*	05/12/1976		
Name*	KIRAN SRINIVAS KULKARNI				
Maiden Name* (if any)					
Father /Spouse Name*	SRINIVAS KRISHNARAO KULKARNI				
Nationality*	INDIAN	Gender*	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender		
Mobile Number	99804 00524	PEP STATUS	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Email ID	kiranskulkarni@gmail.com		Signature		



**Related Person Type\*:**

☐ Director -DIN ☐ Promoter ☐ Partner ☐ Beneficiary ☐ Authorized Signatory ☐ Beneficial Owner  
☒ Karta ☐ Trustee ☐ Court Appointed Official Proprietor ☐ Power of Attorney Holder ☐ Others (Please Specify)

Proof of Identity (POI) *	Identification number*	Expiry Date(if Any)
<input checked="" 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)	XXXX XXXX 6191	30/09/2025

Permanent Address*	A306, RAINBOW WATERFRONT APARTMENT, UTTARAHALLI KENGERI MAIN ROAD, OPPOSITE UTTARAHALLI LAKE, NEXT TO RAJATHAD- RI HOTEL, UTTARAHALLI, SUBRAMANYAPURA City/ Town/Village* SUBRAMANYAPURA District* BENGALURU State* KARNATAKA Country* INDIA Pin code* 560061				
	<input type="checkbox"/> Residential/Business <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified				

Doc submitted as POA*	Document number*	Expiry Date (if Any)
<input checked="" 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	XXXX XXXX 6191	DD/MM/YYYY

**Correspondence Address\***  
 If different from above / Overseas Address\*  
 (Mandatory for NRI Applicant)

☒ Same As Permanent Address

**District\*** **State\*** **Country\*** **City/Town/Village\*** **Pin code\***

☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified


Doc submitted as POA*	Document number*	Expiry Date (if Any)
<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		

## 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

<p>For:</p> <div style="text-align: center; margin-top: 20px;">  <p><b>KIRAN SRINIVAS KULKARNI HUF</b></p> <p><b>KARTA</b></p> </div> <p><u>Name &amp; Signature of the Authorised Signatory</u> (With stamp)</p> <p>Date: <u>31/10/2025</u>      Place: <u>BANGALORE</u></p>	<p>Seal/Stamp of the NUVAMA</p>   <p>Date: _____ Place: _____</p>
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**ANNEXURE 1**
**Details of Related Person (Minimum 2)**  
*(Whole Time Directors & Authorised Signatories, Partners, Karta, Trustees)*

<b>APPLICANT NAME</b>		<b>PAN</b>		
<b>PAN*</b>		<b>Date of Birth*</b>	DD/MM/YYYY	
<b>Name*</b>				
<b>Maiden Name* (if any)</b>				
<b>Father /Spouse Name*</b>				
<b>Nationality*</b>		<b>Gender*</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	
<b>Mobile Number</b>		<b>PEP STATUS</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Email ID</b>		<b>Signature</b>		

**Related Person Type\*:**

☐ Director -DIN ☐ Promoter ☐ Partner ☐ Beneficiary ☐ Authorized Signatory ☐ Beneficial Owner  
☐ Karta ☐ Trustee ☐ Court Appointed Official Proprietor ☐ Power of Attorney Holder ☐ Others (Please Specify)

<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)		MM/YYYY

<b>Permanent Address*</b>	<b>City/ Town/Village*</b>			
	<b>District*</b>	<b>State*</b>	<b>Country*</b>	<b>Pin code*</b>
<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>	<b>Document number*</b>	<b>Expiry Date (if Any)</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		DD/MM/YYYY

<b>Correspondence Address*</b> <small>If different from above / Overseas Address* (Mandatory for NRI Applicant)</small>	<input type="checkbox"/> Same As Permanent Address			
	<b>City/ Town/Village*</b>			
	<b>District*</b>	<b>State*</b>	<b>Country*</b>	<b>Pin code*</b>
<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>	<b>Document number*</b>	<b>Expiry Date (if Any)</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		DD/MM/YYYY

**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

For:   <b>Name &amp; Signature of the Authorised Signatory</b> (With stamp) Date: _____ Place: _____	Seal/Stamp of the NUVAMA   Date: _____ Place: _____
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# Demat Account Opening Form NSDL and CDSL (Non 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 select any one of the below options

☒ 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 (Please tick if any of the authorized signatories / Promoters / Partners / Karta / Trustees / Whole Time Directors is either Politically Exposed Person (PEP) or Related to Politically Exposed Person (RPEP))

Account Holders	Sole /First Holder	Second Holder	Third holder
Name/ Search Name*	KIRAN SRINIVAS KULKARNI HUF		
PEP/RPEP*	<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
PAN *	AAPHK0528L		
Aadhaar (UID)	XXXX XXXX 6191	XXXX XXXX	XXXX XXXX
Contact Number <small>*Mandatory if POA given Annex I</small>	99804 00524		

Gross Annual Income Details\* (Previous Year)

☐ Below ₹ 1 Lac   
 ☐ ₹ 1 - 5 Lac   
 ☒ ₹ 5 - 10 Lac  
☐ ₹ 10-25 Lac   
 ☐ ₹ 25 Lacs-1 crore   
 ☐ Above ₹ 1 crore

Net Worth\* (Not older than 1Year)

INR 76,72,176/- As on Date 31/3/2025

SMS Alert facility

Account to be operated through Power Of Attorney ☒ Yes ☐ No

SMS Alert facility required ☒ Yes ☐ No

Mobile number mandatory if POA selected Annexure A

Mobile Number on which messages are to be sent 99804 00524

\*In case of Firms, HUF, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name of the Firm, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned below

Applicant Name\* KIRAN SRINIVAS KULKARNI HUF

Applicant PAN No AAPHK0528L

Type Of Account (Please tick whichever is applicable)

Type of account*	Sub Status (To be filled by the DP)
<input type="checkbox"/> Body Corporate <input type="checkbox"/> Trust <input type="checkbox"/> Mutual Fund <input type="checkbox"/> OCB <input type="checkbox"/> FPI <input type="checkbox"/> CM <input checked="" type="checkbox"/> HUF <input type="checkbox"/> FII <input type="checkbox"/> FI <input type="checkbox"/> Clearing House <input type="checkbox"/> LLP <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Others	Sub Status

Stock Broker – Proprietary (Please tick if applicable) ☐ Yes

Whether Registered Under MSMED Act 2006 ☐ Yes ☒ No (If yes, please provide the MSME Registration Certificate)

## Bank Details (Dividend Bank Details)

BANK NAME	INDUSIND BANK	Branch Name	FORT
Account type	<input type="checkbox"/> Saving <input checked="" type="checkbox"/> Current <input type="checkbox"/> Others	Account No.	201015570364
Address	61, SONAWALA BUILDING, MUMBAI SAMACHAR MARG, FORT MUMBAI		
City	MUMBAI	State	MAHARASHTRA
Country	INDIA	Pin	400001
IFSC Code	INDB0000033	MIRC Code	400234009

(i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)

(ii) Photocopy of the Bank Statement having name and address of the BO

(iii) Photocopy of the Passbook having name and address of the BO, (or)

(iv) In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document.



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 above		<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 in to 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
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
TRUST FACILITY		
<input type="checkbox"/> 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
Stock Exchange Name/ID	Clearing Member Name	Clearing Member ID (Optional)
Easi	To register for easi, 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.	
Account Statement Requirement	<input checked="" type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	
Annual Report Requirement (If not marked the default option would be in Physical)	<input type="checkbox"/> Physical <input checked="" type="checkbox"/> Electronic <input type="checkbox"/> Both Physical and Electronic	
Clearing Member Details (to be filled by CM's only)		
Name of Stock Exchange		
Name of Clearing Corporation/Clearing House		
Clearing Member ID		Trading Member ID
SEBI Reg No		Trade Name
CM-BP-ID (to be filled up by Participant)		

This space is intentionally kept blank



## Declaration

- 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.
- 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.
- I / We acknowledge that I /we have received and read "Rights and Obligations of the Beneficial Owner and Depository Participant" as per Annexure C of the attached 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.
- The same has been called upon by me in ☐ Physical Copy ☒ Soft Copy
- I/we also declare that I/We will continue to comply with FEMA regulations. (In case non-resident account)

	Sole / First Authorised Signatory	Second Authorised Signatory	Third Authorised Signatory
Name	KIRAN SRINIVAS KULKARNI		
Designation	KARTA		
Signature	KIRAN SRINIVAS KULKARNI HUF		

## Mode of Operation (Please select and provide details below)

☐ Any one Singly ☐ Jointly ☒ As per resolution ☐ Others (please specify )

## Notes:

- In Case of additional signatures, separate annexure should be attached to the application form
- Thumb impression and signatures other than English or Hindi or any other language not contained in the 8th schedule of the Constitution of India must be attested by a Mistreated or Notary Public or a Special Executive Magistrate
- For receiving Statement of Account in electronic form:
  - Client must ensure the confidentiality of the password of the email account
  - Client must promptly inform the participant if the email address has changed
  - Strike off whichever is not applicable

## 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 DDPI/Power of Attorney has been granted to operate the Depository account)

- ☐ I/We wish to receive the Delivery Instruction Slip (DIS) booklet with account opening.
- ☒ 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.

6

Tear Here.....

## Acknowledgment

## NUVAMA WEALTH AND INVESTMENT LIMITED

Eight Floor 801 to 804, Inspire BKC G Block, BKC Main Road, Bandra Kurla Complex, Bandra East, Mumbai-400051

☒ Demat account to be opened with NSDL DP ID - IN303719

☐ Demat account to be opened with CDSL DP ID -

Received the application from Mr/Ms \_\_\_\_\_ as the sole/first holder along with \_\_\_\_\_ and \_\_\_\_\_ as the second and third holders respectively for opening of the depository account. Please quote the DP ID and Client ID allotted to you by (CM-BP-ID in case of Clearing) in all your future correspondence.

Date		Participant Sign	
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6



# FATCA & CRS declaration

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

## TAX RESIDENCE DECLARATION (tick any one, as applicable)

☒ Entity is a tax resident of India and not resident of any other country **OR**

☐ Entity is a tax resident of the country/ies mentioned in the table below

Please indicate ALL the countries in which you are a resident for tax purposes and the associated Tax ID No. below

Country	Tax Identification Number <sup>%</sup>	Identification Type (TIN or Other <sup>%</sup> , please specify)

<sup>%</sup> In case Tax Identification Number is not available, kindly provide functional equivalent<sup>5</sup>

<sup>5</sup> It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation & attach this to the form

In case the Entity's Country of Incorporation/ Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here: \_\_\_\_\_ (Refer 3(viii) of Part D)

## PART A

(to be filled by Financial Institutions or Direct Reporting NFEs)

Entity is a	GIIN	Name of sponsoring entity
<input type="checkbox"/> Financial Institution <sup>*1</sup>		
<b>OR</b>	Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name above.	
<input type="checkbox"/> Direct reporting NFE <sup>2</sup>		

In case GIIN not available, please tick any one below (as applicable) (options available only for Financial Institutions)

☐ Applied for

☐ Not required to apply for (Please specify sub-category<sup>3</sup> ) Please provide with Form W8-BEN-E, duly filled in

☐ Not obtained – Non-participating FI

<sup>\*</sup>If the entity is a FI and a tax resident outside India, please fill the below:

Are you from CRS Jurisdiction ☐ Yes ☐ No (If No, please answer the next question)

Please refer to List of Signatories to CRS @ <http://www.oecd.org/tax/automatic-exchange/international-framework-for-the-crs/>

Are you an Investment Entity (Refer 1(iii) of Part D) ☐ Yes ☐ No (If Yes, please answer the next question)

Is the entity managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity and the gross income of the entity is primarily attributable to investing, re-investing, or trading in financial assets ☐ Yes ☐ No (If Yes, please additionally fill Part C)

## PART B

(to be filled by NFEs other than Direct Reporting NFEs; please fill any one as appropriate)

<input type="checkbox"/> Publicly traded company <sup>4</sup> (i.e. a company whose shares are regularly traded on an established securities market)	<input type="checkbox"/> Related entity of a publicly traded company <sup>5</sup>
	<input type="checkbox"/> Subsidiary <input type="checkbox"/> Controlled
Name of the stock exchange (Please specify any one stock exchange on which the stock is traded)	Name of such publicly traded company
	Name of the stock exchange (any one)
<input type="checkbox"/> Active NFE <sup>6</sup>	<input checked="" type="checkbox"/> Passive NFE <sup>7</sup> (Please filed PART C)
Sub-category (Refer 2c of Part D)	Nature of Business
Nature of Business	Professional

1 Refer 1 of Part D in the information booklet

2 Refer 3(vii) of Part D in the information booklet

3 Refer 1A of Part D in the information booklet

4 Refer 2a Of Part D in the information booklet

5 Refer 2b of Part D in the information booklet

6 Refer 2c of Part D in the information booklet

7 Refer 3(ii) of Part D in the information booklet



## PART C

(to be filled only by Passive NFEs)

Please list below the details of each controlling person(s), confirming ALL countries of tax residency/ permanent residency/ citizenship and ALL Tax Identification Numbers for EACH controlling persons (Please attach additional sheets if necessary):

	Controlling Person 1	Controlling Person 2	Controlling Person 3
<b>Name*</b>	KIRAN SRINIV -AS KULKARNI		
<b>Country of tax residency*</b>	INDIA		
<b>Address</b> (Include City State, Country & Pin code)	A-304, RAINBOW WATERFRONT APT, UTTARAHALI KENGERI MAIN ROAD, OPP. UTTARAHALI LAKE, SUBRAMANYAPURA - 560061.		
<b>Telephone/ Mobile No.</b> (with ISD code)	99804 00524		
<b>TIN</b> (or functional equivalent for each country identified in relation to each person)	PAN CARD AHPPK0162M		
<b>Identification Type</b> (TIN or Other, please specify)	TIN		
<b>Controlling person type code<sup>8</sup></b>	C14 - Unknown		
Additional details to be filled below ONLY by controlling persons having tax residency/permanent residency/citizenship in any country other than India including green card holders:			
<b>Customer ID</b> (if allotted)			
<b>Gender</b> (Male, Female, Other)			
<b>City of Birth</b>			
<b>Country of birth</b>			
<b>Occupation Type</b> (Service, Business, Others)			
<b>Nationality</b>			
<b>PAN</b>			
<b>Father's Name</b> (if PAN not available)			
<b>Date of Birth</b>			
<b>Address type for address mentioned above</b> (Residence or business, Residential, Business & Registered office)			
<b>Identification Type</b> (Documents submitted as proof of identity of the individual)			
<b>Identification Number</b> (Mandatory if PAN or Aadhaar number is not reported)			
<b>Spouse's name</b> (optional)			
<b>Aadhaar Number</b> (optional)	XXXX XXXX	XXXX XXXX	XXXX XXXX

\*To include US, where controlling person is a US citizen or green card holder

% In case Tax Identification Number is not available, kindly provide functional equivalent<sup>1</sup>

@ Permissible values are: • Passport • Election ID card • PAN Card • ID Card  
• Driving License • UIDAI Letter • NREGA Job card • Others

<sup>8</sup>Refer 3(iv) (A) of Part D in the Information booklet



### FATCA-CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. Please note that you may receive more than one request for information if you have multiple relationships with NUVAMA or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

### CERTIFICATION

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 on this Form is true, correct, and complete. I also confirm that I have read and understood the FATCA CRS Terms and Conditions and hereby accept the same.

For : KIRAN SRINIVAS KULKARNI HUF

Authorized Signatory

KIRAN SRINIVAS KULKARNI HUF

Signature & Stamp: 

Date : 31/10/2025

Place : BANGALORE

#### FATCA INSTRUCTIONS:

(A) Controlling Person Type:	
Code	Sub-category
C01	CP of legal person-ownership
C02	CP of legal person-other means
C03	CP of legal person-senior managing official
C04	CP of legal arrangement-trust-settlor
C05	CP of legal arrangement--trust-trustee
C06	CP of legal arrangement--trust-protector
C07	CP of legal arrangement--trust-beneficiary
C08	CP of legal arrangement--trust-other
C09	CP of legal arrangement—Other-settlor equivalent
C10	CP of legal arrangement—Other-trustee equivalent
C11	CP of legal arrangement—Other-protector equivalent
C12	CP of legal arrangement—Other-beneficiary equivalent
C13	CP of legal arrangement—Other-other equivalent
C14	Unknown