



Fund Name- Fincos Emerging India Fund

PMS ACCOUNT OPENING FORM

CLIENT CODE

CLIENT NAME

Fincos Technology Solutions Private Limited

SEBI Registration No.: INP000008668 (PMS)

Regd. Office: B-504, 5th Floor, B-Wing, Statesman House, 148 Barakhamba Road, Connaught Place, New Delhi- 110001
Phone No. 9870408627, 9870408628, 11-20845125 Email: Office@fincossolutions.com <https://www.fincossolutions.com>



For Investment in PMS of FINCOS please follow the steps to given below:

KYC Document Required (KYC)

1. Cheque of Rs 50 lacs in favour of FINCOS TECHNOLOGY SOLUTIONS PRIVATE LIMITED
2. Demat application form Filled and Signed
3. Pan Card- self attested– **Two Sets**
4. Address Proof- Aadhaar Copy self-Attested– **Two Sets**
5. Bank Account Details-with cancelled cheque and 3 months Statement – **Two Sets**
6. Nominee Details with Id Proof - Self attestation not mandatory– **Two Sets**
7. **Photo of all Applicant – Two Sets**
8. **KYC FORM duly filled and signed by each holder**

General Instructions

1. For PMS Account minimum amount is required 50 Lacs or Shares/Debentures (Listed Securities)
2. PMS Agreement on Stamp Paper
3. Securities can be transferred from Existing Demat account to New Account opened by FINCOS
4. Schedule of charges needs to be signed by all holders



KNOW YOUR CLIENT (KYC) (to be filled and signed by First Holder)

Name of the Applicant		Father/Husband's Name	
Date of Birth City of Birth		City of Birth	
PAN		Aadhaar Number	
Nationality		Gender	
Permanent Address		Correspondence Address	
Mobile Number/Telephone No.		Email Id	
Annual Income		Bank Account Type	
Bank Name		Bank Branch Address	
Bank Account Number		City, PIN Code and State	
MICR Code		IFSC Code	
Politically exposed person or relative of PEP/Civil Servant/Others		Introduced by Name: Address:	

Client Risk Profiling

Investment Experience (in Years)			
Expected time period of investment (in Years)			
Systematic withdrawal required?	Yes	If Yes, Please State Frequency:	
	No		
Investment Objective	Capital Appreciation	Regular Income	Both
Risk Tolerance	Low	Medium	High
Investment Horizon	Long Term	Medium Term	Short Term
Preferences/Restrictions (mention if you have specific preferences and/or restrictions regards to certain businesses, stocks or sector)			
Details of any action taken by SEBI/ Stock Exchange/ any other authority for violation of securities laws/ other economic offences.			

I/We hereby submit that I/We will immediately inform Fincos Technology Solutions Private Limited in case I am/We are convicted under any grounds or any action is taken against me/us by any authority.

Signature of Client _____

Fincos Technology Solutions Private Limited

SEBI Registration No.: INP000008668 (PMS)

Regd. Office: B-504, 5th Floor, B-Wing, Statesman House, 148 Barakhamba Road, Connaught Place, New Delhi- 110001
Phone No. 9870408627, 9870408628, 11-20845125 Email: Office@fincossolutions.com <https://www.fincossolutions.com>



KNOW YOUR CLIENT (KYC) (to be filled and signed by Second Holder)

Name of the Applicant		Father/Husband's Name	
Date of Birth City of Birth		City of Birth	
PAN		Aadhaar Number	
Nationality		Gender	
Permanent Address		Correspondence Address	
Mobile Number/Telephone No.		Email Id	
Annual Income		Bank Account Type	
Bank Name		Bank Branch Address	
Bank Account Number		City, PIN Code and State	
MICR Code		IFSC Code	
Politically exposed person or relative of PEP/Civil Servant/Others		Introduced by Name: Address:	

Client Risk Profiling

Investment Experience (in Years)			
Expected time period of investment (in Years)			
Systematic withdrawal required?	Yes	If Yes, Please State Frequency:	
	No		
Investment Objective	Capital Appreciation	Regular Income	Both
Risk Tolerance	Low	Medium	High
Investment Horizon	Long Term	Medium Term	Short Term
Preferences/Restrictions (mention if you have specific preferences and/or restrictions regards to certain businesses, stocks or sector)			
Details of any action taken by SEBI/ Stock Exchange/ any other authority for violation of securities laws/ other economic offences.			

I/We hereby submit that I/We will immediately inform Fincos Technology Solutions Private Limited in case I am/We are convicted under any grounds or any action is taken against me/us by any authority.

Signature of Client _____

Fincos Technology Solutions Private Limited

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Phone No. 9870408627, 9870408628, 11-20845125 Email: Office@fincossolutions.com <https://www.fincossolutions.com>

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* Prefix First Name Middle Name Last Name

Maiden Name (if any) Prefix First Name Middle Name Last Name

Father / Spouse Name* Prefix First Name Middle Name Last Name

Mother Name* Prefix First Name Middle Name Last Name

Date of Birth* DD/MM/YYYY **PAN***
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 **Country of Birth** **ISO 3166 Country Code**
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) _____

DD/MM/YYYY

ADDRESS DETAILS
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

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*
Fax Details
Email ID*
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.

E-sign

FOR OFFICE USE ONLY
In-Person Verification (IPV) & Self-Attested copies received by

Company Name:

Emp Name:

Emp Code:

Designation:

Date:

Signature:

Wet - Sign

Sign Here

Date: _____ **Place:** _____
 Signature / Thumb Impression of the Applicant

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
Name *			
PEP/RPEP *	<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
SMS alert facility Mobile number mandatory if POA selected	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile No. for SMS alert			

INCOME RANGE PER ANNUM

Gross Annual Income* (Not older than 1 year)	<input type="checkbox"/> Up to INR 1 Lac	<input type="checkbox"/> INR 5 - 10 Lacs	<input type="checkbox"/> INR 25 Lacs - 1 crore
	<input type="checkbox"/> INR 1 - 5 Lacs	<input type="checkbox"/> INR 10 - 25 Lacs	<input type="checkbox"/> More than INR 1 crore
Net Worth Details (Not older than 1 year)	As on Date		

Type Of Account (Please tick whichever is applicable)

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

Bank Details (Dividend Bank Details)

BANK NAME	INDUSIND BANK	Branch Name	FORT
Address	61, SONAWALA BUILDING, MUMBAI SAMACHAR MARG, FORT MUMBAI		
City	MUMBAI	State	MAHARASHTRA
		Country	INDIA
		Pin	400001
Account type	<input type="checkbox"/> Saving <input checked="" type="checkbox"/> Current <input type="checkbox"/> Others _____	Account No	201015570364
IFSC Code	INDB0000033	MIRC Code	400234009
For NRI Only	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
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	
For Joint accounts, communication to be sent to (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)		<input type="checkbox"/> First Holder <input type="checkbox"/> All Joint Account Holders
Mode of Operations for Joint Accounts of securities (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)		<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 Annexure B		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If selected Yes please clearing member details)
Stock Exchange Name/ID	Clearing Member Name	Clearing Member ID (Optional)
Easi	To register for e asi, please visit our website www.cdslindia.com . Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online.	
DECLARATION		
<ul style="list-style-type: none"> 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, Terms & 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. The Same has been called upon by me in <input type="checkbox"/> Physical Copy <input checked="" type="checkbox"/> Soft Copy I/we also declare that I/We will continue to comply with FEMA regulations. (In case nonresident account) 		
Note: In case you meet the following conditions the account will be opened under Basic Services Demat Account:		
<ol style="list-style-type: none"> The individual has or proposes to have only one demat account where he/she is the sole or first holder The individual shall have only one BSDA in his/her name across all depositories 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. 		
Name of Holders		Signatures
Sole/Holder/Guardian		Sign Here
Second Holder		Sign Here
Third Holder		Sign Here

Nomination Details			
I / We the sole holder / Joint holders / Guardian (in case of minor) hereby declare that:			
<input type="checkbox"/> 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.			
<input type="checkbox"/> 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
Name of the nominee(s)			
Share of each nominee	%	%	%
Any odd lot after division shall be transferred to the first nominee mentioned in the form.			
Nominee Identification details (Optional) (Please tick anyone of following and provide details of same)	<input type="checkbox"/> Photograph & Signature <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"/> Photograph & Signature <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"/> Photograph & Signature <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)
Relationship (With Applicant)			
Address of Nominee(s)	<input type="checkbox"/> Same As Applicant _____ _____ _____ _____	<input type="checkbox"/> Same As Applicant _____ _____ _____ _____	<input type="checkbox"/> Same As Applicant _____ _____ _____ _____
Mobile/Tel No (Optional)			
Email ID (Optional)			
Date of Birth (Mandatory if Nominee is a minor)	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Guardian Name			
Address of the Guardian	<input type="checkbox"/> Same As Applicant _____ _____ _____ _____	<input type="checkbox"/> Same As Applicant _____ _____ _____ _____	<input type="checkbox"/> Same As Applicant _____ _____ _____ _____
Mobile/Tel No (Optional)			
Email ID (Optional)			
Relationship* (With Nominee)			
Guardian Identification Details Optional: (Please tick anyone of following and provide details of same)	<input type="checkbox"/> Photograph & Signature <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"/> Photograph & Signature <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"/> Photograph & Signature <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)
Signature of the Holder(s)	1 st Holder Sign Here	2 nd Holder Sign Here	3 rd 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 <i>(tick anyone, as applicable)</i>				
<input type="checkbox"/> I am a tax resident of India and not resident of any other country OR				
<input type="checkbox"/> 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: Sign Here	Place:

[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
Name of the Applicant* Prefix First Name Middle Name Last Name

Maiden Name (if any) Prefix First Name Middle Name Last Name

Father / Spouse Name* Prefix First Name Middle Name Last Name

Mother Name* Prefix First Name Middle Name Last Name

Date of Birth* DD/MM/YYYY **PAN***
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 **Country of Birth** **ISO 3166 Country Code**
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) _____

DD/MM/YYYY

ADDRESS DETAILS
Permanent Address*

City/Town/Village*
 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

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

City/Town/Village*
 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*
Fax Details
Email ID*
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.

E-sign

FOR OFFICE USE ONLY
In-Person Verification (IPV) & Self-Attested copies received by

Company Name:

Emp Name:

Emp Code:

Designation:

Date:

Signature:

Wet - Sign

Sign Here

Date: **Place:**
 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 <i>(tick anyone, as applicable)</i>				
<input type="checkbox"/> I am a tax resident of India and not resident of any other country OR				
<input type="checkbox"/> 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:	Place:
Sign Here	

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

Name of the Applicant* Prefix First Name Middle Name Last Name

Maiden Name (if any) Prefix First Name Middle Name Last Name

Father / Spouse Name* Prefix First Name Middle Name Last Name

Mother Name* Prefix First Name Middle Name Last Name

Date of Birth* DD/MM/YYYY **PAN***
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 **Country of Birth** **ISO 3166 Country Code**

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) _____

DD/MM/YYYY

ADDRESS DETAILS

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

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*
Fax Details
Email ID*

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.

E-sign

FOR OFFICE USE ONLY

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

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 <i>(tick anyone, as applicable)</i>				
<input type="checkbox"/> I am a tax resident of India and not resident of any other country OR				
<input type="checkbox"/> 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: <ul style="list-style-type: none"> 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. <p>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.</p>				
Name:			Date:	
Signature: <i>Sign Here</i>			Place:	

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