



## **Fund Name- Fincos Emerging India Fund**

### **PMS ACCOUNT OPENING FOR**

CLIENT CODE

CLIENT NAME

**Fincos Technology Solutions Private Limited**

SEBI Registration No.: INP000008668 (PMS)

Regd. Office: B-504, 5<sup>th</sup> 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 of Corporate Clients)**

1. Cheque of Rs 50 lacs (Minimum Investment) in favour of FINCOS TECHNOLOGY SOLUTIONS PRIVATE LIMITED
2. Demat application form Filled and Signed
3. Pan Card
4. Address Proof of the Entity
5. Constitutive Documents (Memorandum, Articles of Association and Certificate of Incorporation duly certified by Authorised Signatories)
6. Copy of the balance sheets for the last 2 financial years (should be CA certified)- Not required in case of listed company.
7. Board resolution preferably in EBL format on the Letter Head of the Company to open the DEMAT account with EBL in the name of the "COMPANY" with the Name of Authorised Signatory/ies, Designation, Specimen Signature and Mode of Operations (either Singly/or Jointly). The same needs to be signed by minimum 2 Directors/MD/CS
8. List of Directors certified by Authorised Signatories.
9. List of Authorized Signatories with specimen stamp, signature and photograph.
10. Copy of latest share holding pattern including list of all those holding control, either directly or indirectly, in the company in terms of SEBI takeover Regulations, duly certified by the company secretary/Whole time director/MD. - Not required in case of listed company
11. Copy of PAN and Address Proof of of share Holders/beneficial Owners (natural persons) holding more than 10% of shareholding/capital/profits in the company. Details to be mentioned. (Not applicable for Limited Companies listed in stock Exchanges in India).
12. In case a corporate is Holding more than 10% interest in the company then ultimate owners' (Natural Persons) details of that corporate to be obtained alongwith their Proof of Identity and Address.
13. Self attested KYC (Photograph, POI, POA, PAN) the whole time Director/ 2 directors in charge of day to day operations.
14. Self attested KYC of all Authorized Signatories (Photograph, POI, POA, PAN).
15. Self attested KYC of all UBO's (POI, POA & PAN)

Note: Please Provide two sets of every document (one for demat opening and other for PMS agreement)

**General Instructions**

1. For PMS Account minimum amount is required 50 Lacs or Shares/Debentures (Listed Securities)
2. PMS Agreement on Stamp Paper (Two stamp papers required- one for Agreement and one for POA)
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 Authorised Signatory)**

Name of the Applicant			
Date of Incorporation		Registration No.	
Place of Business		TIN / GST Registration No.	
Date of Commencement of Business		Type of Entity (e.g Pvt/ Ltd)	
Registered Address		Business Correspondence Address	
Mobile Number/Telephone No.		Landline Number	
Email Id			
Annual Income		Bank Account Type	
Bank Name		Bank Branch Address	
Bank Account Number		City, PIN Code and State	
MICR Code		IFSC Code	
If any of your authorized Signatories/ Promoters/ Whole Time Directors/ Partner is 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 Authorised

Signatory \_\_\_\_\_  
Name \_\_\_\_\_

Signature of Authorised

Signatory \_\_\_\_\_  
Name \_\_\_\_\_**Fincos Technology Solutions Private Limited**

SEBI Registration No.: INP000008668 (PMS)

Regd. Office: B-504, 5<sup>th</sup> 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>



Detail of Related Person (Whole Time Directors & Authorised Signatories/ Partners/ Karta/ Trustees )

S.No.	PAN	Name of Authorised Signatories /Promoters/ Whole Time Directors	DIN (For Directors/ Aadhar Number for others	Residential Address	Relationship with holder (i.e Promoters, Whole time Directors etc.)	Please tick the relevant option	Photograph
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP	

\*Please tick if any of the authorised Signatory/Promoter/Whole Time Directors/Partner is either Politically Exposed Person (PEP) or Related to Politically Exposed Person (RPEP).

Signature of Authorised Signatory \_\_\_\_\_  
Name \_\_\_\_\_

Signature of Authorised Signatory \_\_\_\_\_  
Name \_\_\_\_\_

**Fincos Technology Solutions Private Limited**

SEBI Registration No.: INP000008668 (PMS)

Regd. Office: B-504, 5<sup>th</sup> 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>



To be filled in BLOCK LETTERS in English

## KYC FORM – NON INDIVIDUALS

### IDENTITY DETAILS

<b>Name of the Applicant*</b>			
<b>Date of Incorporation*</b>	DD/MM/YYYY	<b>Date of Commencement*</b>	DD/MM/YYYY
<b>Place of Incorporation*</b>		<b>PAN*</b>	
<b>Registration number (CIN Number)</b>			
<b>TIN / GST Registration No.</b>			

### 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  LLP  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) \_\_\_\_\_  
 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

<b>Registered Address *</b>				
	<i>District*</i>	<i>State*</i>	<i>Country*</i>	<i>Pin code*</i>
	<i>City/ Town/Village*</i>			
<b>Business/ Correspondence Address (if any)</b>	<input type="checkbox"/> Same As Registered Address			
	<i>District*</i>	<i>State*</i>	<i>Country*</i>	<i>Pin code*</i>
	<i>City/ Town/Village*</i>			

<b>Proof of address*</b>	attested copy of any one POA to be submitted # Not more than 3 months old <input type="checkbox"/> Certificate of Incorporation/Formation <input type="checkbox"/> Registration Certificate <input type="checkbox"/> Other document _____ <input type="checkbox"/> Latest Telephone Bill# (Landline only) <input type="checkbox"/> Latest Electricity Bill# <input type="checkbox"/> Latest Bank Account Statement# <input type="checkbox"/> Registered Lease/ Sale Agreement of Office Premises Validity/Expiry Date of POA DD/MM/YYYY <input type="checkbox"/> Any other proof of address document (as listed overleaf)
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<b>Tax Residency Address</b>	<input type="checkbox"/> Business (Correspondence) <input type="checkbox"/> Registered Office
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### CONTACT DETAILS (to be used for all necessary reporting / communication purposes)

<b>Landline Phone No:</b>		<b>Mobile No*</b>	
<b>Fax No:</b>		<b>Email ID*</b>	

### 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 registry through SMS/Email on above registered number/email address.

**Annexures Submitted** - Number of related person's :

<b>For:</b>  <u>Name &amp; Signature of the Authorised Signatory</u> (With stamp)  Date: _____ Place: _____	<h4 style="margin: 0;">FOR OFFICE USE ONLY</h4> <p><b>Originals verified &amp; Self-Attested copies received by</b></p> Company Name: Emp Name: Emp Code: Designation: Date: Signature:
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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) \_\_\_\_\_

**Proof of Identity (POI) \***

- Aadhaar Card (only last 4 Digits)  Voter ID Card  Passport  Driving license  NPR  
 NREGA Job Card  Others (Any document notified by Central Government) \_\_\_\_\_

**Identification number\***
**Expiry Date (if Any)**

DD/MM/YYYY

**Permanent Address\***

\_\_\_\_\_  
 \_\_\_\_\_  
**District\*** \_\_\_\_\_ **State\*** \_\_\_\_\_ **City/ Town/Village\*** \_\_\_\_\_  
 \_\_\_\_\_  
**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  
 \_\_\_\_\_  
 \_\_\_\_\_  
**District\*** \_\_\_\_\_ **State\*** \_\_\_\_\_ **City/ Town/Village\*** \_\_\_\_\_  
 \_\_\_\_\_  
**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

### 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 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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### 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) \_\_\_\_\_

**Proof of Identity (POI) \***

- Aadhaar Card (only last 4 Digits)  Voter ID Card  Passport  Driving license  NPR  
 NREGA Job Card  Others (Any document notified by Central Government) \_\_\_\_\_

**Identification number\***
**Expiry Date (if Any)**

DD/MM/YYYY

**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

### 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 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**

5th Floor, Tower 3, Wing B, Kohinoor City Mall, Kiro Road Kurla, Mumbai - 400070.

**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
<b>Name/ Search Name*</b>			
<b>PEP/RPEP*</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>PAN *</b>			
<b>Aadhaar (UID)</b>	XXXX XXXX ____	XXXX XXXX ____	XXXX XXXX ____
<b>Contact Number</b> <small>*Mandatory if POA given Annex I</small>			

<b>Gross Annual Income Details*</b> (Previous Year)	<input type="checkbox"/> Below ₹ 1 Lac	<input type="checkbox"/> ₹ 1 - 5 Lac	<input type="checkbox"/> ₹ 5 - 10 Lac
	<input type="checkbox"/> ₹ 10-25 Lac	<input type="checkbox"/> ₹ 25 Lacs-1 crore	<input type="checkbox"/> Above ₹ 1 crore

<b>Net Worth*</b> (Not older than 1Year)	INR	As on Date	DD/MM/YYYY
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<b>SMS Alert facility</b> <small>Mobile number mandatory if POA selected Annexure A</small>	Account to be operated through Power Of Attorney	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	SMS Alert facility required	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Mobile Number on which messages are to be sent	

\*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

<b>Applicant Name *</b>	<b>Applicant PAN No</b>
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**Type Of Account (Please tick whichever is applicable)**

<b>Type of account*</b>	<b>Sub Status (To be filled by the DP)</b>
<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 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)

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

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

Any one Singly  Jointly  As per resolution  Others (please specify ) \_\_\_\_\_

#### Notes:

- 1) In Case of additional signatures, separate annexure should be attached to the application form
- 2) 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
- 3) For receiving Statement of Account in electronic form:
  - a) Client must ensure the confidentiality of the password of the email account
  - b) Client must promptly inform the participant if the email address has changed
  - c) 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 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

5th Floor, Tower 3, Wing B, Kohinoor City Mall, Kiro Road Kurla, Mumbai - 400070.

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.

<b>Date</b>		<b>Participant Sign</b>	
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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**

Tax Resident Address - Same as Registered Address **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%, 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 <input type="checkbox"/> Financial Institution* <sup>1</sup> <b>OR</b> <input type="checkbox"/> Direct reporting NFE <sup>2</sup>	<b>GIIN</b>	<b>Name of sponsoring entity</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.		

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**

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

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):

	<b>Controlling Person 1</b>	<b>Controlling Person 2</b>	<b>Controlling Person 3</b>
<b>Name*</b>			
<b>Country of tax residency*</b>			
<b>Address</b> (include City State, Country & Pin code)			
<b>Telephone/ Mobile No.</b> (with ISD code)			
<b>TIN</b> (or functional equivalent for each country identified in relation to each person)			
<b>Identification Type</b> (TIN or Other, please specify)			
<b>Controlling person type code<sup>8</sup></b>			
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 : \_\_\_\_\_

Authorized Signatory

\_\_\_\_\_  
Signature & Stamp

Date :

Place : \_\_\_\_\_

#### FATCA INSTRUCTIONS:

<i>(A) Controlling Person Type:</i>	
<i>Code</i>	<i>Sub-category</i>
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