$Nuvama\,Wealth\,and\,Investment\,Limited\,(NWIL)$



Registered Office / Corporate Office: 801-804, Wing A, Building No. 3, Inspire BKC, G Block, Bandra Kurla Complex, Bandra East, Mumbai - 400051. Contact at +91-22-66203030
Broking services offered by Nuvama Wealth and Investment Limited under SEBI Registration No.: INZO00005231 (Member of NSE, BSE, MSEI, MCX and NCDEX). Depository Participant
SEBI Registration No.: IN-DP-656-2021 with NSDL having DP ID: IN302201 & IN303719 and with CDSL having DP ID: 12032300. Customer care: 1800-102-3335 or write to us at helpdesk@nuvama.com for Trading queries and dyservicesnwil@nuvama.com for DP queries and Website: www.nuvamawealth.com. Customer Care: 1800-102-3335. Investor Grievance No: 040-40316936/41151621. Email ID: compliance officer.nwil@nuvama.com/nwil.dpcompliance@nuvama.com

Ver: June, 2024

Account Details Addition/Modification Request Form (Trading & DP A/c)

Date: 05-08-2024

Dear Sir/Madam, I/We request you to make follow	wing add	itions/m	odificati	ions to	my/ou	r accou	nt in yo	ur record	ds.								vale.	_			
Account Holder's Details	PLEAS	E FILL AL	LTHE	DETAIL	S IN B	LOCK I	ETTER	S IN ENG	GLI	ISH. Please	mark (-	ate co	_					
Date of Birth: 20-06-1962		Task ID: _1	17642	28							L	PI An No. [hysica	 	<u> </u>] Sca ⊤s	an To T	4	3	3	Ι.
Father 's Name: KESHAVM										Mother's			В	г г	P	5	101	_4	3] 3	A
NWIL Trading Code	8 0		9	2	1	5	6		Γ	NWIL DP ID			0	8	0	1	5	T	0	9	8
NWIL DP ID - IN 303719									Ī	NWIL DP ID	- IN 30	2201						Ť			
Client Name SANJAY K	ESHĀVN	URTHH	CHARI		•			Se	200	nd Holder					•	Third	d Hold	er			
I/We wish to update the bel 1. Annual Income	Thum ow chan		essior					Thun	nb D L	nature / Impression		If >5()	, Plan	sa Snaa			naturo		ion		
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2. Change in Name	Aug 20		Fi	rst / So	J le Holde	er				Seco	nd Holde	Pr .					Third H	lold	er		
3. Update Date of Birth		D			M	Υ	γ	ΥΥ	_												
4. Bank Details				Existin	g Deta	ails (As	per Den	nat record	ds)	<u> </u>					New	Detail	S				
Trading:-		Bank N	ame:								Bank	Name:									
EQ. COMMODITY ☐ Add new & default		Bank A	ddress:								Bank	(Addres	s:								
Change in existing re	ecords										_										
☐ ☐ Add new bank		A/c No.									A/c N	No.:									
☐ ☐ Change of default [*]	←	A/c Typ	e: 🗖 S	Savings	5		Current			Overdraft	_	ype: 🗖	S avir	igs] Curr	ent			Overdi	raft
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*Default bank account for a tra	ding or d			leans th	ne banl	c accou	ınt whe	re funds	pa	yout and cas			ions lil	ce divid	end, e	tc will	be cred	 dite	 .d.		
5. Address Details							nat reco								ew De						
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☐ Both of the above																		_			

6. Contact Details		Existing		New Details										
	Tel.:				3 1 2	3 1 9	7 4	Tel.:			Mob.: 9	7 3 1	2 3	1 9 7 4
	Emai	ID: charisanjay@g	gmail.co	mters				Email ID: cha	risanjay@	gmail.c	omette	S		
Authorised Person		nose name the mobile	no and ar	mail id ic	ragistarad [1	Only for no	a indiu	idual accounti						
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3. DP Details for Tra	dina A/c. (Tid	-k) 🗖 NSDI 🗖 CDS	I – ((F	RI II NE	FRI 🗖 Con	ntrack \square	Comri	<u> </u>						
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, Change in Signat	ure (New)	FI	rst / Sole	Holder			5	econd Holder				Third Ho	lder	
		ole QR code or my/our nip for KYC purposes on		(ML/Digil	ocker XML f	ìle, along v	rith pa	sscode and as ap	oplicable, wit	th KRA ar	nd other	ntermedia	aries wit	h whom I/W
Signature	F	irst / Sole Holder				Second	Holde	r			Th	ird Holder		
Additional Informa														
 The forms should be of All Proofs should have Existing Details shoul Bank Verification Lett Name change in Com 	e client's origina d match with D er will be addit	al self attestation and mo emat records. ionally required if the Na	ust be verif ame on Ban	ied with 0 nk Proof do	Original Docu oes not matcl	ment (OSV) h with the n	The se	lf attested Proof n	nust have sta		gnature o	fthe emplo	yee.	
Annual Income RangeAddress and SignaturFamily declaration rec	e is mandatory a e change can no	and is required to be upon to the done simultaneous	lated on Ar sly.	nnual Basi	is.									
r office use only truction No.:		Date of Instru	ction:					Nuvama V Signature					Pos 12	00003261
			7											
Signature verified	Maker	Checker					\perp	Name	Dat	te	Desi	gnation	S	ignature
				In Pers	on Verificat	ion done b	у							
				Docum	ents verifie	d by								

ACKNOWLEDGEMENT RECEIPT		Re	ference/Task ID:
We hereby acknowledge the receipt of vo	ur instruction for addition/modificati	on of the fo ll owing Account subject to verificati	ion:
, cage me receipt or jo		- · · · · · · · · · · · · · · · · · · ·	
Account Holder's Details	First / Sole Holder	Second Holder	Third Holder
Account Holder's Details		Second Holder Address	
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NUVAMA WEALTH AND INVESTMENT LIMITED (Formerly Known as Edelweiss Broking Limited)



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

Reactivation of Trading account

Formerly Known as Edelweiss Broking Limited) Eight Floor 801 to 804, Inspire BKC G Block, BKC Main Road, Bandra Kurla Complex,	Date <u>05-08-2024</u>
Bandra East, Mumbai-400051	
Dear Sir/Madam,	
/We SANJAY KESHAVMURTHI CHARI .	naving PAN BFPPS0433A a trading account
with Unique Client Code/Account Code <u>80192156</u> all	otted to me/us by Nuvama Wealth & Investment Limited
2. I/We hereby undertake that:	
Part A	Part B 🗸
There are no changes in respect of my KYC details as provided to you at the time of account opening and amended thereafter from time to time.	My/Our KYC details with you are incorrect and/or have changed from the details submitted at the time of account opening and amended thereafter from time to time. Enclosed is the modification form with new details to update in your system.
I/We further declare that I/we will inform Nuvama Wealth and Investment Limited for any updation of KYC details through a modification forms.	
/We also hereby confirm that I/We have updated my n my/our trading/demat account. /We declare that the information given above is true to come the control of the control	our latest income details (not older than 12 months) o my knowledge.
Individual Client	Non-Individual Client
Sign:	Sign:
Client Name:	Client Name: (The name & signature will be the Authorized Signatory - Designated Director/Managing Partner/Karta/Proprietor)

ATTESTATION / FOR OFFICE USE ONLY

ATTESTATION / TOX OTTICE OSE ONE!									
Details	KYC Verifications & Documents verified with Original carried out by	In Person Verification Done by							
Name of the Employee									
Employee Code									
Designation of the Employee									
Date									
Signature									

Version: June 2024