

**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 - 400 051. Contact at +91-22-66203030
Broking services offered by Nuvama Wealth and Investment Limited under SEBI Registration No.: INZ000005231 (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 dpservicesnwil@nuvama.com for DP queries and Website: www.nuvamawealth.com. Customer Care : 1800-102-3335.
Investor Grievance No: 040-40316936/41151621. Email ID: complianceofficer.nwila@nuvama.com / nwila.dpcompliance@nuvama.com

Ver: July, 2024

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

Date: _____

Dear Sir/Madam,

I/We request you to make following additions/modifications to my/our account in your records.

PLEASE FILL ALL THE DETAILS IN BLOCK LETTERS IN ENGLISH. Please mark (✓) on the appropriate column.**Account Holder's Details**

Date of Birth: _____ Task ID: _____		☐ Physical	☐ Scan
Father's Name: _____		PAN NO. _____	
Mother's Name: _____			
NWIL Trading Code	_____	NWIL DP ID - 12032300	_____
NWIL DP ID - IN 303719	_____	NWIL DP ID - IN 302201	_____
Client Name	First / Sole Holder	Second Holder	Third Holder

I/We wish to update the below changes

1. Annual Income Income Range to be updated on Annual Basis	☐ <1 Lac ☐ 1-5 Lac ☐ 5-10 Lac ☐ 10-25 Lac ☐ 25-1 Cr ☐ 1 Cr-5Cr ☐ >5Cr	If >5Cr, Please Specify _____
Net worth as on Date _____		
2. Change in Name	First / Sole Holder	Second Holder
3. Update Date of Birth	D D M M Y Y Y Y	
4. Bank Details	Existing Details (As per Demat records)	New Details
Trading:- EQ. COMMODITY ☐ ☐ Add new & default ☐ ☐ Change in existing records ☐ ☐ Add new bank ☐ ☐ Change of default*	Bank Name: _____	Bank Name: _____
	Bank Address: _____	Bank Address: _____
	A/c No.: _____	A/c No.: _____
	A/c Type: ☐ Savings ☐ Current ☐ Overdraft ☐ Cash Credit	A/c Type: ☐ Savings ☐ Current ☐ Overdraft ☐ Cash Credit
	MICR* _____	MICR* _____
Demat:- ☐ Bank default	Note*: For availing ECS facility, MICR code is mandatory. The 9 digit code of the bank & branch appearing on the cheque issued by the bank.	
	IFS Code: _____	IFS Code: _____

*Default bank account for a trading or demat account means the bank account where funds payout and cash corporate actions like dividend, etc will be credited.

5. Address Details	Existing Details (As per Demat records)	New Details
☐ Correspondence Address	Address: _____ Pin Code: _____ City: _____ State: _____ Country: _____	Address: _____ Pin Code: _____ City: _____ State: _____ Country: _____
☐ Permanent Address	Address: _____ Pin Code: _____ City: _____ State: _____ Country: _____	Address: _____ Pin Code: _____ City: _____ State: _____ Country: _____
☐ Both of the above		

Ver: July 2024

6. Contact Details	Existing Details (As per Demat records)	New Details																																				
	Tel.: Mob.: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																			Tel.: Mob.: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		
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Authorised Person Name: _____
(Name of Authorised Person in whose name the mobile no. and email id is registered [Only for non individual account])

7. ECN activation and other electronic communication for Trading and Demat account:	☐ Yes
I/We hereby give our consent and authorise you to send digital contract notes, bills, ledgers, statement of funds and securities, transaction statements, Monthly/Quarterly demat statement of accounts/holding statement(s)/bills or other reports, Statement(s), related notices, Circulars, amendments and such other correspondence, documents, records, by whatever name called (hereafter referred to as "statement(s)" issued from time to time, at the email id: _____ For receiving Demat Statement of Account in electronic form: I. Client must ensure the confidentiality of the password of the email account. II. Client must promptly inform the Participant if the email address has changed. III. Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice.	

8. DP Details for Trading A/c. (Tick) ☐ NSDL ☐ CDSL ☐ CCRL ☐ NERL ☐ Comtrack ☐ Comris																																					
EQ. COMMODITY	DP Name:																																				
☐ ☐ Default	DP ID: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Client ID: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																				
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9. Change in Signature (New)	First / Sole Holder	Second Holder	Third Holder

I/We wish to update the Name / Address / Contact Details / Signature Changes as mentioned on the form in KRA / Demat / Trading Records

Dclaration: Apart from the above information, all the information available with you is current and latest unless notified. The same may be considered. I/ We hereby declare that the details furnished above are true and correct to the best of my /our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/ we are aware we may be held liable for it.

I/We am/are also aware that for Aadhaar OVD based KYC, my/our KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my/our Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I/We have a business relationship for KYC purposes only.

Signature	First / Sole Holder	Second Holder	Third Holder

Additional Information
- The forms should be complete in all respects (Date, Account Details, Pan Number, Date of Birth, Task Id, Change information, Clients' Signature etc.). - All Proofs should have client's original self attestation and must be verified with Original Document (OSV). The self attested Proof must have stamp and signature of the employee. - Existing Details should match with Demat records. - Bank Verification Letter will be additionally required if the Name on Bank Proof does not match with the name in Trading & Demat Records. - Name change in Commodity Section should be as per the requirement of respective Exchange. - Annual Income Range is mandatory and is required to be updated on Annual Basis. - Address and Signature change can not be done simultaneously. - Family declaration required if email and Mobile is already mapped to family (as per SEBI circular)

For office use only	Nuvama Wealth and Investment Limited Pos 1200003261 Signature verified as per our record
Instruction No.: _____ Date of Instruction: _____	

Signature verified	Maker	Checker	Name	Date	Designation	Signature
			In Person Verification done by			
			Documents verified by			

ACKNOWLEDGEMENT RECEIPT

Reference/Task ID: _____

We hereby acknowledge the receipt of your instruction for addition/modification of the following Account subject to verification:

Account Holder's Details	First / Sole Holder	Second Holder	Third Holder
Modification request for (Specify reason)	☐ Annual Income ☐ Bank ☐ Address ☐ Contact Details ☐ ECN ☐ Demat ☐ Name ☐ D.O.B. ☐ Signature		
NWIL Trading Code			
NWIL DP ID – IN 303719			
NWIL DP ID – 12032300			
NWIL DP ID – IN 302201			

Depository Participant Seal and Signature