

**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.: 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.nwil@nuvama.com / nwil.dpcompliance@nuvama.com

Ver: June, 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**☐ Physical ☐ Scan

Date of Birth: _____ Task ID: _____

PAN NO. _____

Father's Name: _____

Mother's Name: _____

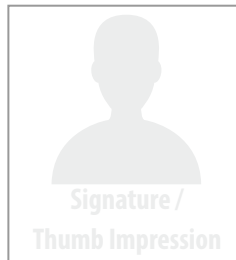
NWIL Trading Code _____

NWIL DP ID - 12032300 _____

NWIL DP ID - IN 303719 _____

NWIL DP ID - IN 302201 _____

Client Name	First / Sole Holder	Second Holder	Third Holder
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**I/We wish to update the below changes**

1. Annual Income Income Range to be updated on Annual Basis	<input type="checkbox"/> <1 Lac <input type="checkbox"/> 1-5 Lac <input type="checkbox"/> 5-10 Lac <input type="checkbox"/> 10-25 Lac <input type="checkbox"/> 25-1 Cr <input type="checkbox"/> 1 Cr-5Cr <input type="checkbox"/> >5Cr	If >5Cr, Please Specify _____
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Net worth as on Date _____

2. Change in Name	First / Sole Holder	Second Holder	Third Holder
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3. Update Date of Birth	D	D	M	M	Y	Y	Y	Y
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4. Bank Details	Existing Details (As per Demat records)	New Details
Trading:- EQ. COMMODITY <input type="checkbox"/> <input type="checkbox"/> Add new & default <input type="checkbox"/> <input type="checkbox"/> Change in existing records <input type="checkbox"/> <input type="checkbox"/> Add new bank <input type="checkbox"/> <input type="checkbox"/> Change of default* Demat:- <input type="checkbox"/> Bank default	Bank Name: _____	Bank Name: _____
	Bank Address: _____ _____	Bank Address: _____ _____
	A/c No.: _____	A/c No.: _____
	A/c Type: <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Overdraft	A/c Type: <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Overdraft
	MICR* _____	MICR* _____
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: _____		

*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
<input type="checkbox"/> Correspondence Address	Address: _____ _____	Address: _____ _____
	Pin Code: _____ City: _____	Pin Code: _____ City: _____
	State: _____ Country: _____	State: _____ Country: _____
<input type="checkbox"/> Permanent Address	Address: _____ _____	Address: _____ _____
	Pin Code: _____ City: _____	Pin Code: _____ City: _____
	State: _____ Country: _____	State: _____ Country: _____
<input type="checkbox"/> Both of the above		

Ver: June 2024

6. Contact Details	Existing Details (As per Demat records)										New Details									
	Tel.:					Mob.:					Tel.:					Mob.:				
	Email ID:					In block letters					Email ID:					In block letters				
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: <input type="checkbox"/> 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) <input type="checkbox"/> NSDL <input type="checkbox"/> CDSL <input type="checkbox"/> CCRL <input type="checkbox"/> NERL <input type="checkbox"/> Comtrack <input type="checkbox"/> Comris																			
EQ. COMMODITY <input type="checkbox"/> <input type="checkbox"/> Default		DP Name: _____																	
		DP ID: _____										Client ID: _____							
(Tick) <input type="checkbox"/> NSDL <input type="checkbox"/> CDSL <input type="checkbox"/> CCRL <input type="checkbox"/> NERL <input type="checkbox"/> Comtrack <input type="checkbox"/> Comris																			
EQ. COMMODITY <input type="checkbox"/> <input type="checkbox"/> Addition		DP Name: _____																	
		DP ID: _____										Client ID: _____							

9. Change in Signature (New)	First / Sole Holder	Second Holder	Third Holder
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I/We wish to update the Name / Address / Contact Details / Signature Changes as mentioned on the form in KRA / Demat / Trading Records

Declaration: 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 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
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Additional Information	
<ul style="list-style-type: none">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

Instruction No.: _____ Date of Instruction: _____

Nuvama Wealth and Investment Limited Pos 1200003261
Signature verified as per our record

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)		<input type="checkbox"/> Annual Income <input type="checkbox"/> Bank <input type="checkbox"/> Address <input type="checkbox"/> Contact Details <input type="checkbox"/> ECN <input type="checkbox"/> Demat <input type="checkbox"/> Name <input type="checkbox"/> D.O.B. <input type="checkbox"/> Signature																	
NWIL Trading Code										NWIL DP ID – 12032300									
NWIL DP ID – IN 303719										NWIL DP ID – IN 302201									

Depository Participant Seal and Signature