



Do Good.

WEALTH PARTNERS

Neo Wealth Partners Private Limited

Investment Form

(ARN: 118471)

AMFI - Registered Mutual Fund Distributor

Form No.:

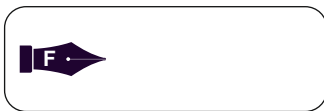
Client Name :

Version : 02/Feb 2024

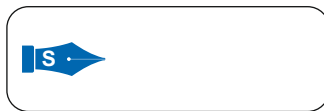
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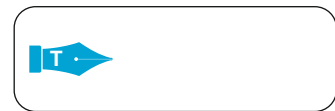
ICONS FOR ILLUSTRATION



First Applicant Signatory



Second Applicant Signatory



Third Applicant Signatory



Witness

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Know Your Client (KYC) Application Form (For Individuals Only) **FIRST HOLDER**

Please fill the form in ENGLISH and in BLOCK letters
 Fields marked * are mandatory
 Fields marked + are pertaining to CKYC and mandatory only if processing CKYC also

Application Number Application Type* New KYC Modification KYC

KYC Mode* : Please Tick (✓) Normal EKYC OTP EKYC Biometric Online KYC Offline KYC Digilocker

1. Identity Details (please refer guidelines overleaf)

PAN* _____ Please enclose a duly attested copy of your PAN Card

Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof) _____	_____	_____	_____
Maiden Name* (if any) _____	_____	_____	_____
Father / Spouse's Name* _____	_____	_____	_____
Mother Name* _____	_____	_____	_____

Date of Birth* _____

Gender* Male Female Transgender

Marital Status * Single Married

Nationality* Indian Other _____

Residential Status* Resident Individual Non Resident Indian

Please Tick (✓) 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)

First Applicant Signature

Proof of Identity (POI) submitted for PAN exempted cases (Please (✓) tick)

A - Aadhaar Card **XXXX XXXX** _____

B - Passport Number _____ (Expiry Date) _____

C - Voter ID Card _____

D - Driving License _____ (Expiry Date) _____

E - NREGA Job Card _____

F - NPR _____

Z - Others _____ any document notified by Central Government)

Identification Number _____

2. Address Details* (please refer guidelines overleaf)

A. Correspondence/ Local Address*

Line 1* _____

Line 2 _____

Line 3 _____

City / Town / Village* _____ District* _____ Pin Code* _____

State* _____ Country* _____

Address Type* Residential/Business Residential Business Registered Office Unspecified

B. Permanent residence address of applicant, if different from above A / Overseas Address* (Mandatory for NRI Applicant)

Line 1* _____

Line 2 _____

Line 3 _____

City / Town / Village* _____ District* _____ Pin Code* _____

State* _____ Country* _____

Address Type* Residential/Business Residential Business Registered Office Unspecified

Proof of Address* (attested copy of any 1 POA for correspondence and permanent address each to be submitted)

- A - Aadhaar Card **XXXX XXXX** _____
 - B - Passport Number _____ (Expiry Date) _____
 - C - Voter ID Card _____
 - D - Driving License _____ (Expiry Date) _____
 - E - NREGA Job Card _____
 - F - NPR Letter _____
 - Z - Others _____ any document notified by Central Government
- Identification Number _____

3. CONTACT DETAILS (IN CAPITAL)

Tel. (Off) _____ Tel. (Res.) _____ Mobile* _____

Email ID* _____

4. APPLICANT DECLARATION

- I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take 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 receiving information from CVL KRA through SMS/Email on the above registered number/Email address.
- I am/We are also aware that for Aadhaar OVD based KYC, my 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 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.

Date : _____

Place : _____



First Applicant Signature / Thumb Impression of Applicant

5. For Office Use Only

In-Person Verification (IPV) carried out by* _____

IPV Date _____

Emp. Name _____

Emp. Code _____

Emp. Designation _____

Self certified document copies received (OVD)

True Copies of documents received (Attested)

AMC / Intermediary Name :

(Institution Name & tamp)

Know Your Client (KYC) Application Form (For Individuals Only) **SECOND HOLDER**

Please fill the form in ENGLISH and in BLOCK letters

Fields marked * are mandatory

Fields marked + are pertaining to CKYC and mandatory only if processing CKYC also

Application Number Application Type* New KYC Modification KYC

KYC Mode* : Please Tick (✓) Normal EKYC OTP EKYC Biometric Online KYC Offline KYC Digilocker



Do Good.

1. Identity Details (please refer guidelines overleaf)

PAN* _____ Please enclose a duly attested copy of your PAN Card

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)	_____	_____	_____	_____
Maiden Name* (if any)	_____	_____	_____	_____
Father / Spouse's Name*	_____	_____	_____	_____
Mother Name*	_____	_____	_____	_____

Date of Birth* _____

Gender* Male Female Transgender

Marital Status * Single Married

Nationality* Indian Other _____

Residential Status* Resident Individual Non Resident Indian

Please Tick (✓) 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)



Second Applicant Signature

Proof of Identity (POI) submitted for PAN exempted cases (Please (✓) tick)

A - Aadhaar Card **XXXX XXXX** _____

B - Passport Number _____ (Expiry Date) _____

C - Voter ID Card _____

D - Driving License _____ (Expiry Date) _____

E - NREGA Job Card _____

F - NPR _____

Z - Others _____ any document notified by Central Government)

Identification Number _____

2. Address Details* (please refer guidelines overleaf)

A. Correspondence/ Local Address*

Line 1* _____

Line 2 _____

Line 3 _____

City / Town / Village* _____ District* _____ Pin Code* _____

State* _____ Country* _____

Address Type* Residential/Business Residential Business Registered Office Unspecified

B. Permanent residence address of applicant, if different from above A / Overseas Address* (Mandatory for NRI Applicant)

Line 1* _____

Line 2 _____

Line 3 _____

City / Town / Village* _____ District* _____ Pin Code* _____

State* _____ Country* _____

Address Type* Residential/Business Residential Business Registered Office Unspecified

Proof of Address* (attested copy of any 1 POA for correspondence and permanent address each to be submitted)

- A - Aadhaar Card **XXXX XXXX** _____
 - B - Passport Number _____ (Expiry Date) _____
 - C - Voter ID Card _____
 - D - Driving License _____ (Expiry Date) _____
 - E - NREGA Job Card _____
 - F - NPR Letter _____
 - Z - Others _____ any document notified by Central Government
- Identification Number _____

3. CONTACT DETAILS (IN CAPITAL)

Tel. (Off) _____ Tel. (Res.) _____ Mobile* _____

Email ID* _____

4. APPLICANT DECLARATION

- I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take 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 receiving information from CVL KRA through SMS/Email on the above registered number/Email address.
- I am/We are also aware that for Aadhaar OVD based KYC, my 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 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.

Date : _____



Place : _____

First Applicant Signature / Thumb Impression of Applicant

5. For Office Use Only

In-Person Verification (IPV) carried out by* _____

IPV Date _____

Emp. Name _____

Emp. Code _____

Emp. Designation _____

Self certified document copies received (OVD)

True Copies of documents received (Attested)

AMC / Intermediary Name :

(Institution Name & tamp)

B. Permanent residence address of applicant, if different from above A / Overseas Address* (Mandatory for NRI Applicant)

Line 1* _____

Line 2 _____

Line 3 _____

City / Town / Village* _____ District* _____ Pin Code* _____

State* _____ Country* _____

Address Type* Residential/Business Residential Business Registered Office Unspecified

Proof of Address* (attested copy of any 1 POA for correspondence and permanent address each to be submitted)

- A - Aadhaar Card **XXXX XXXX** _____
 - B - Passport Number _____ (Expiry Date) _____
 - C - Voter ID Card _____
 - D - Driving License _____ (Expiry Date) _____
 - E - NREGA Job Card _____
 - F - NPR Letter _____
 - Z - Others _____ any document notified by Central Government
- Identification Number _____

3. CONTACT DETAILS (IN CAPITAL)

Tel. (Off) _____ Tel. (Res.) _____ Mobile* _____

Email ID* _____

4. APPLICANT DECLARATION

- I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take 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 receiving information from CVL KRA through SMS/Email on the above registered number/Email address.
- I am/We are also aware that for Aadhaar OVD based KYC, my 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 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.

Date : _____



Place : _____

First Applicant Signature / Thumb Impression of Applicant

5. For Office Use Only

In-Person Verification (IPV) carried out by* _____

IPV Date _____

Emp. Name _____

Emp. Code _____

Emp. Designation _____

Self certified document copies received (OVD)

True Copies of documents received (Attested)

AMC / Intermediary Name :

(Institution Name & tamp)

Instructions/Guidelines for filling Individual KYC Application Form

A. General Instructions:

1. Self-attestation of documents is mandatory.
2. Copies of all documents that are submitted need to be compulsorily self-attested by the applicant and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per below list mentioned list.
3. If any proof of identity or address is in a foreign language, then translation into English is required.
4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
5. If correspondence & permanent addresses are different, then proofs for both have to be submitted.
6. Sole proprietor must make the application in his individual name & capacity.
7. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIO Card/OCI Card and overseas address proof is mandatory.
8. For foreign entities, CIN is optional; and in absence of DIN no. for the directors, their passport copy should be given.
9. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
10. For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board/ Passport of Minor/Birth Certificate must be provided.
11. Politically exposed persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country e.g., Head of State or of Government, senior politician, senior government/judiciary/military officer, senior executive of state owned corporation, important political party official, etc.

B. Proof of Identity (POI):

1. PAN card with photograph is mandatory for all applicants except those who are specifically exempt from obtaining PAN (listed in Section D).
2. Original Verified Documents (OVD) are acceptable: Unique Identification Number (UID) (Aadhaar) / Passport / Voter ID card / Driving License / Letter issued by NPR / NREGA job card
3. If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
4. Mention identification / reference number if 'Z' – Others (any document notified by the central government) is ticked.
5. Others – Identity card with applicant's photograph issued by any of the following: Central/ State Government Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council, etc., to their Members; and Credit cards/Debit cards issued by Banks.

C. Proof of Address (POA):

1. PoA to be submitted only if the submitted PoI does not have an address or address as per PoI is invalid or not in force.
2. Others includes – Utility bill which is not more than 3 months old of any service provider (electricity, landline telephone, piped gas, water bill); Bank account or Post Office savings bank account statement; Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India
3. Identity card/document with address issued by any of the following: Central/ State Government Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council, etc., to their Members.
4. Self declaration of High courts/Supreme court judges, giving the new address in respect of their own accounts.
5. For FII/Sub account, Power of attorney given by FII/Sub account to the custodians (which are duly notarized and/or apos-tilled or consularized) that gives registered address should be taken.
6. Proof of address in name of spouse may be accepted.
7. Registered lease or Sale agreement/ Flat maintenance bill / Insurance copy / Ration card / Latest Property tax
8. Original Verified Documents (OVD) are acceptable: Unique Identification Number (UID) (Aadhaar) / Passport / Voter ID card / Driving License / Letter issued by NPR / NREGA job card

D. Exemptions/Clarifications to PAN (*Sufficient documentary evidence in support of such claims to be collected)

1. Investments (including SIPs), in Mutual Fund schemes up to INR 50,000/- per investor per year per Mutual Fund.
2. Transactions undertaken on behalf of Central/State Government, by officials appointed by Courts, e.g., Official liquidator, Court receiver, etc.
3. Investors residing in the state of Sikkim.
4. UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.
5. In case of institutional clients, namely FIs, MFs, VCFs, FVCIs, Scheduled commercial bank, Multilateral and Bilateral development financial institutions, State Industrial development corporations, insurance companies registered with IRDA and public financial institutions as defined under section 4A of the Company Act 1956, custodians shall verify the PAN card details with the original PANs and provide duly certified copies of such verified PAN details to the intermediary.

E. List of people authorized to attest the documents:

1. Authorized officials of Asset Management Companies (AMCs).
2. Authorized officials of Registrar & Transfer Agent (RTA) acting on behalf of the AMC.
3. KYC compliant mutual fund distributors affiliated to Association of Mutual Funds (AMFI) and have undergone the process of 'Know Your Distributor (KYD)'.
(*)
4. Notary Public, Gazette Officer, Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
5. In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy/ Consulate General in the country where the client resides are permitted to attest the documents.

F. Online Mode Processing of KYC:**1. EKVCBIOMETRIC**

- Applicant may directly upload their documents (OVD) as scanned images on intermediary's portal.
- The documents should be e-signed.
- Applicant details are verified using UIDAI Biometric details.
- Original Seen Verification (OSV) of documents as well as IPV /VIPV is exempted.
- Intermediary attestation on documents is exempted.

2. EKVCOTP

- Applicant may directly upload their documents (OVD) as scanned images on intermediary's portal.
- The documents should be e-signed.
- Applicant details are verified using UIDAI details using OTP.
- Original Seen Verification (OSV) of documents as well as IPV /VIPV is exempted.
- Intermediary attestation on documents is exempted.

3. ONLINE KYC

- Applicant may directly upload their documents (OVD) as scanned images on intermediary's portal.
- The documents should be e-signed.
- Virtual In Person Verification (VIPV) is mandatory as per SEBI guidelines.
- Intermediary attestation on documents (OSV) is exempted.

4. OFFLINE EKVC

- Applicant may directly upload their document (PAN copy) as scanned images on intermediary's portal.
- The documents should be e-signed.
- Digital KYC performed through Offline Aadhaar e-KYC. OVD sourced from Offline Aadhaar e-KYC.
- Original Seen Verification (OSV) of documents as well as IPV /VIPV is exempted.

5. DIGILOCKER

- Digital KYC performed through the documents (OVD) sourced from Digilocker.
- Original Seen Verification (OSV) of documents as well as IPV /VIPV is exempted.
- Intermediary attestation on documents is exempted.

FATCA-CRS Annexure for Individual Accounts (including Sole Proprietor)

Details under FATCA and CRS (Please refer to instructions in small Booklet)

(Please consult your professional tax advisor for further guidance on your tax residency, if required)

	FIRST HOLDER	SECOND HOLDER	THIRD HOLDER
Name of the account holder:			
Fathers Name:			
PAN No:			
Spouse's name			
Aadhaar number (Optional)			
Nationality			
Country of birth			
City of birth			
Residence address for tax purposes (include City, State, Country & Pin code)			
Tax residence declaration tick any one, as applicable to you:			
I am a tax resident of India and not resident of any other country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am a tax resident of the country/ies mentioned in the table below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate ALL the countries in which you are a resident for tax purposes and the associated Tax ID Number below:

	Country [#]	Tax Identification Number [%]	Identification Type (TIN or Other%, please specify)
First Holder			
Second Holder			
Third Holder			

[#] To also include USA, where the individual is a citizen/ green card holder of USA

[%] In case Tax Identification Number is not available, kindly provide functional equivalent^s

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Common Risk Profile

A. GENERAL DETAILS (Please tick (✓) whichever is applicable)

- Name: _____
- Residential Status: Indian NRI Others
- Date of Birth / Age / / /

B. RISK PROFILER

- Please indicate your age below

 a) 0 - 25 years b) 25-40years c) 40 - 60 years d) > 60 years
- What best describes your investment philosophy

 a) Aggressive Capital Growth b) High Capital Growth with some Regular Income

 c) Some Capital Growth & High Fixed Income d) Preserve Wealth & Regular Income
- Which of the following best describes your investment goals?

 To accumulate long-term wealth over a period of 5 years through market investments

 To provide a regular income stream with total protection of capital

 To invest lump-sum amount (inheritance/salary bonus) & uncertain about what/where to invest in

 To meet some specific objectives within next five years

 To ensure sufficient funds available for nearing retirement
- Please indicate the time horizon over which you will like to stay invested

 a) up to 1 year b) between 1 & 3 years c) more than 3 years
- Please indicate the worst & best one year returns that suit you

 a) Best Returns : 5% & Worst Returns : 1% b) Best Returns : 15% & Worst Returns : 5%

 c) Best Returns : 25 & Worst Returns : -15% d) Best Returns : 40 & Worst Returns : -35%

 e) Best Returns : 40 & Worst Returns : -20 %
- For a long term investment the amount of fluctuations that you can tolerate in the short - term is

 a) < 0 & > -5% b) < -5 & > -10% c) < -10 & > -20 %

 d) < -20 & > -25% e) -25 or Less
- How would you react if a well diversified portfolio fell by 20, in line with the market?

 a) Accumulate b) Hold c) Reduce d) Exit Position
- Please indicate your level of interest in leverage/borrowing products like Loan Against Shares/Mutual Funds, IPO Funding, F&O, Margin Funding

 a) Very Interested b) Indifferent c) Not Interested
- Please indicate your level of interest in Alternative Investments like Real Estate Fund, PE Fund, Structured Products, Bonds, Gold etc.

 a) Very Interested b) Indifferent c) Not Interested
- What does your current investment portfolio comprise of?

 a) Mainly cash/bank deposits with a small portion investment in low risk bonds

 b) A mix of debt instruments, blue chip & aggressive stocks

 c) Mainly debt market investments & some portion in blue chip stocks

 d) Mostly speculative or high risk investments (aggressive stocks, high risk funds, options, leverage positions etc.
- Investment Style: Active Passive
- Time Line for Trading: 1 week 1 month 3 months

 6 months 1 year
- Stop Loss _____
- Investment Experience (Yrs) in Direct Equity _____ Derivatives _____ Mutual Funds _____

Past Actions

Details of any action taken / proceedings initiated / pending including but not limited to debarment / blacklisting / de-registering / name strike off from ROC records / declaring defaulter / monetary penalty / adverse arbitration award by SEBI / Stock exchange / Government Authority / Statutory Authority / MCA or any other authority against the applicant / constituent or its Partners / promoters / whole time directors / authorized persons in charge of dealing in securities:

Yes No If yes, provide details: _____

Score Card

G. No.	a	b	c	d	e	Score
1	4	3	2	1	N.A.	
2	4	3	2	1	N.A.	
3	5	4	3	2	1	
4	2	3	4	N.A.	N.A.	
5	1	2	3	4	5	
6	1	2	3	4	5	
7	4	3	2	1	N.A.	
8	3	2	1	N.A.	N.A.	
9	3	2	1	N.A.	N.A.	
10	1	2	3	4	N.A.	
Total						

Your Total Score _____

Based on the information that you have provided above, your Risk Profile has been evaluated as : _____

A. Conservative | Less than or equal to 20 | B. Balanced | 21 to 30 | C. Aggressive | Greater than 30 |

Client Declaration

I/We have undergone the risk profiling process. I/We have understood the questions and answered the same. (Tick whichever applicable)

- A. I/We agree with the risk category I/We have been placed based on my/our risk profile assessment and would like it to form the basis for discussion between me/us and my/our Relationship Manager at NWPPL. I/We confirm that the assessment of my/our profile as above does not constitute any advice by NWPPL or its Relationship Manager as to any risks or investments. Before making any investment decision, I/We will fully understand the product risks and features in order to determine that my/our investment decision is consistent with my/our investment objectives, risk-appetite and financial resources.
- B. Although I/We have agreed to assess any risk profile as above, I/We do not want my/our risk profile to form the basis of discussion between me/us and my/our Relationship Manager at NWPPL. I/We fully understand and accept the risks involved with this decision. I/We will obtain my/our own investment as I/We think fit, will make my/our own investment decisions even if it results in taking risks of a higher level than as in my/our assessed risk profile above and will fully understand product risks and features in order to determine that my/our investment decisions are consistent with my/our investment objectives, risk-appetite and financial resources.

{Validity: This risk profile is valid upto 3 years from the date of signing this risk profile form. Please be rest assured that we will facilitate it to be revisited once it expires. This is to ensure that your experience of our investment platform continues seamlessly and is in accordance with the scope as agreed in the risk profile}

FA's Name : _____

FA's Signature : _____

Date : _____

To
Neo Wealth Partners Private Limited
B-903, Marathon Futurex, N.M.Joshi Marg,
Lower Parel, Mumbai – 400013

Date: _____

Dear Sir / Madam

Sub: Family Head Confirmation for account Code: _____

I/We the undersigned state and confirm that Mr. / Mrs. /Ms. _____
will be the family head for the aforesaid account.

I/We agree and confirm that the Family Head mentioned above shall be entitled to include such family members / delete any of the family members by informing NWPPL Wealth and Investment Limited / referred to as "Entity" in writing and that the entity shall be entitled to act upon the same without receiving any further confirmation from me/us.

Further I/We agree and confirm that the Family Head mentioned above may also be the contact point for the purpose of receiving the consolidated statements either physical or in electronic mode on our behalf and or any other services as provided by the entity from time to time. Further I/We agree and confirm that the Family Head and members provide the consent to share the reports and transactions pertaining to their accounts with other NWPPL group entities/companies.

Further, I/We understand that the said facility is being offered by the entity pursuant to our request and understand that Entity may its sole discretion, discontinue the above services completely or partially without any notice to us.

I/We agree that we will not hold the entity responsible for any loss, harm or expenses that may be suffered or incurred by any of us on any account whatsoever by reason of entity having acted pursuant to the authority granted hereunder or for any discrepancy or error in the information provided by entity in respect to our investments in the said entity.

This space is intentionally kept blank

Email Indemnity

1. The Client hereby requests and authorizes NWPPL to from time to time (at NWPPL discretion) rely upon and act in accordance with any directions, instructions and/or other communication which may from time to time be or purport to be given in connection with the said Account through the Secondary Email Address (in addition to the Primary Email Address) by the Client or any one of them (in case of joint Clients) or the person(s) authorized by the Client to act on the Client’s behalf (“Authorised Persons”) (in case of a non-individual Client). List of the Primary and secondary email id is enumerated herein below in Annexure I or as given by me in the form of Letter of Authority and / or in the form of Power of Attorney and / or in the form of modification request from time to time.
2. The Client declares and confirms that the Client has, for the Client’s convenience and after being fully aware of, and having duly considered, the risks involved (which risks shall be borne fully by the Client) requested and authorized NWPPL to rely upon and act on the Client’s investment related instructions which may from time to time be given through either the Primary Email Address or Secondary Email id. The Client further declares and confirms that the Client is aware that NWPPL is agreeing to act on the basis of instructions contained in any email sent from the Secondary Email Address (hereinafter referred to as “Instruction(s)”), only by reason of, and relying upon the Client executing this writing and agreeing, confirming, declaring and indemnifying NWNPT as done by this writing and NWNPT would not have done so in the absence thereof. The provisions of this writing shall apply only to trading in the Securities in connection with the said Account.
3. NWPPL may, but shall not be obliged to, act as aforesaid without inquiry as to the authenticity of any Instructions and may treat the same as fully authorized by and binding on the Client regardless of the circumstances prevailing at the time of the Instructions and notwithstanding any error, misunderstanding, lack of clarity, fraud, forgery or lack of authority in relation thereto and without requiring any confirmation provided that the concerned person acting on behalf of NWPPL believes the Instruction to be genuine at the time it was acted upon.
4. Notwithstanding anything contained herein or elsewhere, NWPPL shall not be bound to act in accordance with the whole or any part of the Instructions and may in Its sole discretion and exclusive determination, and without being required to give any notice or assign reason, decline or omit to act pursuant to any Instructions or defer acting in accordance with any Instructions and the same shall be at the Client’s risk and NWPPL shall not be liable for the consequences of any such refusal or omission to act or deferment of action.

In all the events described above the Client agrees to assume and bear the risk involved in respect of errors and misunderstanding and NWNPT shall not be responsible in any manner for the same or for breach of confidentiality in respect thereof and shall also not be liable for any claims, loss, damage, cost or expense and liability arising therefrom.

The Client also understands that email communication is not encrypted and is not a secure means of transmission. The Client acknowledges and accepts that such unsecure transmission methods involves risk of possible unauthorized alteration of data and/or unauthorized usage thereof.

Details of the specified E-mail id from which the client will be sending the specific instructions:

Email id Type	Email ID
Primary Email Id	
Secondary Email Id	

FORM FOR FRESH NOMINATION

Applicable for Individual Unitholders only - whether holding Units Singly or Jointly with other holders
Please read the instructions carefully before filling up this form

Name of 1st Holder _____

Name of 2nd Holder _____

Name of 3rd Holder _____

I/We, the above-named Unitholders of _____ Mutual Fund, do hereby nominate the person(s) more particularly described hereunder to receive the Units held my/our Folio/s listed below in the event of my / our death by cancelling the nomination(s) made by me / us previously in respect of the units held by me / us in the Folio/s listed below.

Folio No. / Application No.
1.
2.
3.

Name of the 1st Nominee*	% of Allocation*
PAN of the Nominee*	Date of Birth of Nominee** DD / MM / YYYY
Nominee Relationship\$	
Name of the Guardian **	PAN of Nominee Guardian\$
Guardian's Relationship with Nominee** <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	
Proof of relationship\$ <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others	
Address\$	
City State PIN	
Nominee Signature\$	

Name of the 2nd Nominee*	% of Allocation*
PAN of the Nominee\$	Date of Birth of Nominee** DD / MM / YYYY
Nominee Relationship*	
Name of the Guardian **	PAN of Nominee Guardian\$
Guardian's Relationship with Nominee** <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	
Proof of relationship\$ <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others	
Address\$	
City State PIN	
Nominee Signature\$	

Name of the 3rd Nominee*	% of Allocation*
PAN of the Nominee\$	Date of Birth of Nominee** DD / MM / YYYY
Nominee Relationship*	
Name of the Guardian **	PAN of Nominee Guardian\$
Guardian's Relationship with Nominee** <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	
Proof of relationship\$ <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others	
Address\$	
City State PIN	
Nominee Signature\$	

		
(Signature of the First Unitholder)	(Signature of the Second Unitholder)	(Signature of the Third Unitholder)

* Mandatory \$ Optional **Mandatory & Applicable in case the Nominee is a Minor

Instructions

1. The nomination can be made only by individuals applying for/holding units on their own behalf singly or jointly.
2. Non-individuals including a Society, Trust, Body Corporate, Partnership Firm, Karta of Hindu undivided family, a Power of Attorney holder and/or Guardian of Minor unitholder cannot nominate.
3. Nomination is not allowed in a folio of a Minor unitholder.
4. If the units are held jointly (i.e., in case of multiple unitholders in the folio), all joint holders need to sign the Nomination Form (even if the mode of holding/operation is on "Anyone or Survivor" basis).
5. A minor may be nominated. In that event, the name and address of the Guardian of the minor nominee needs to be provided.
6. Nomination can also be in favour of the Central Government, State Government, a local authority, any person designated by virtue of his office or a religious or charitable trust.
7. The Nominee shall not be a trust (other than a religious or charitable trust), society, body corporate, partnership firm, Karta of Hindu Undivided Family, or a Power of Attorney holder.
8. A Non-Resident Indian may be nominated subject to the applicable exchange control regulations.
9. Multiple Nominees: Nomination can be made in favour of multiple nominees, subject to a maximum of three nominees. In case of multiple nominees, the percentage of the allocation/share should be in whole numbers without any decimals, adding upto a total of 100%. If the total percentage of allocation amongst multiple nominees does not add up to 100%, the nomination request shall be treated as invalid and rejected. If the percentage of allocation/ share for each of the nominee is not mentioned, the allocation /claim settlement shall be made equally amongst all the nominees.
10. Every new nomination for a folio/account shall overwrite the existing nomination, if any.
11. Nomination made by a unit holder shall be applicable for units held in all the schemes under the respective folio / account.
12. Nomination shall stand rescinded upon the transfer of units.
13. Death of Nominee/s: In the event of the nominee(s) pre-deceasing the unitholder(s), the unitholder/s is/are advised to make a fresh nomination soon after the demise of the nominee. The nomination will automatically stand cancelled in the event of the nominee(s) pre-deceasing the unitholder(s). In case of multiple nominations, if any of the nominee is deceased at the time of death claim settlement, the said nominee's share will be distributed equally amongst the surviving nominees.
14. Transmission of units in favour of a Nominee shall be valid discharge by the asset management company/ Mutual Fund / Trustees against the legal heir(s).
15. The nomination will be registered only when this form is completed in all respects to the satisfaction of the AMC.
16. In respect of folios/accounts where the Nomination has been registered, the AMC will not entertain any request for transmission / claim settlement from any person other than the registered nominee(s), unless so directed by any competent court.

DECLARATION FORM FOR OPTING OUT OF NOMINATION

Date

d	d	m	m	y	y	y	y
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Neo Wealth Partners Private Limited
 B-903, Marathon Futurex, N.M.Joshi Marg,
 Lower Parel, Mumbai – 400013

Mutual Fund Folio Number / Application Number	
Sole / First Holder Name	
Second Holder Name	
Third Holder Name	

Declaration & Signature

I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio 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 issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

I hereby provide consent to Neo Wealth Partners Private Limited to share this KYC data with any of its Group/Affiliate Companies, Other Intermediaries, download the information from CKYCR and share the data to other participating intermediaries as mandated by PMLA Act/Rules/SEBI guidelines.

Mutual Fund investments are subject to market risks, read all scheme related documents carefully.

Name and Signature of Unitholder(s)

Unitholder (1) Signature:  _____

Name _____

Unitholder (2) Signature:  _____

Name _____

Unitholder (3) Signature:  _____

Name _____



Broker/Agent Code ARN:		SUB-BROKER		EUIN	
Unit Folder Information					
Name of the First Applicant :					
PAN Number :		KYC :		Date Of Birth :	
Father Name:			Mother Name :		
Name of Guardian:			PAN:		
Contact Address:					
City:		Pincode:		State:	
				Country:	
Tel.(Off):		Tel.(Res):		Email:	
Fax(Off):		Fax(Res):		Mobile:	
Income Tax Slab/Networth:			Occupation Details:		
Place of Birth:		Country of Tax Residence:			
Tax Id No:					
Politically exposed person /Related to Politically exposed person etc.?				Yes	No
Mode of Holding:			Occupation:		
Name of the Second Applicant :					
PAN Number :		KYC :		Date Of Birth :	
Income Tax Slab/Networth:			Occupation Details:		
Place of Birth:		Country of Tax Residence:			
Tax Id No:					
Politically exposed person /Related to Politically exposed person etc.?				Yes	No
Name of the Third Applicant :					
PAN Number :		KYC :		Date Of Birth :	
Income Tax Slab/Networth:			Occupation Details:		
Place of Birth:		Country of Tax Residence:			
Tax Id No:					
Politically exposed person /Related to Politically exposed person etc.?				Yes	No
Other Details of Sole / 1st Applicant					
Overseas Address (In case of NRI Investor):					

City:		Pincode:		Country:	
Bank Mandate 1 Details					
Name of Bank:			Branch:		
A/C No.:		A/C Type:		IFSC Code:	
Bank Address:					
City:		Pincode:		State:	Country:
Bank Mandate 2 Details					
Name of Bank:			Branch:		
A/C No.:		A/C Type:		IFSC Code:	
Bank Address:					
City:		Pincode:		State:	Country:
Bank Mandate 3 Details					
Name of Bank:			Branch:		
A/C No.:		A/C Type:		IFSC Code:	
Bank Address:					
City:		Pincode:		State:	Country:
Bank Mandate 4 Details					
Name of Bank:			Branch:		
A/C No.:		A/C Type:		IFSC Code:	
Bank Address:					
City:		Pincode:		State:	Country:
Bank Mandate 5 Details					
Name of Bank:			Branch:		
A/C No.:		A/C Type:		IFSC Code:	
Bank Address:					
City:		Pincode:		State:	Country:
Nomination Details					
Nominee Name:			Relationship:		
Guardian Name(If Nominee is Minor):					
Nominee Address:					
City:		Pincode:		State:	
Declaration and Signature					
I/We confirm that details provided by me/us are true and correct. The ARN holder has disclosed to me/us all the commission (In the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Fund From amongst which the scheme is being recommended to me/us.					
Date :			Place :		
x 1st applicant Signature :		2nd applicant Signature :		3rd applicant Signature :	

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**NACH/ECS/AUTO DEBIT
MANDATE INSTRUCTION FORM**

UMRN

Date

Tick (✓)

Sponsor Bank Code

Utility Code

CREATE
 MODIFY
 CANCEL

I/We hereby authorize **ICCL**

to debit (tick ✓) SB/CA/CC/SB-NRE/SB-NRO/Other

Bank a/c number

with Bank

IFSC

or MICR

an amount of Rupees

₹

FREQUENCY Mthly Qtly H-Yrly Yrly As & when presented

DEBIT TYPE Fixed Amount Maximum Amount

Reference 1 (Mandate Reference No.)

Phone No.

Reference 2 (Unique Client Code-UCC)

Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD

From

To

Or Until Cancelled

1. _____ 2. _____ 3. _____

- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/ Corporate to debit my account, based on the instructions as agreed and signed by me.
- I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / Corporate or the bank where I have authorized the debit.

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WEALTH PARTNERS

Do Good.



Neo Wealth Partners Private Limited

903, B-Wing, Marathon Futurex, Mafatlal Mills Compound, N. M. Joshi Marg, Lower Parel, Mumbai-400 013.
Contact: 022 6642 3600 | CIN : U01110MH2016PTC286990 | ARN 118471

