



Do Good.

# WEALTH PARTNERS

**Neo Wealth Partners Private Limited**

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**Investment Form**

**(ARN: 118471)**

**AMFI - Registered Mutual Fund Distributor**

Form No.:

Client Name :

Version : 02/Feb 2024



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

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



**1. Identity Details (please refer guidelines)**

PAN\* \_\_\_\_\_ Please enclose a duly attested copy of your PAN Card

Name\* (Same as ID proof) \_\_\_\_\_

Date of Incorporation\* \_\_\_\_\_ Place of Incorporation\* \_\_\_\_\_

Date of Commencement\* \_\_\_\_\_ Registration Number\* \_\_\_\_\_

Entity Type\*  Private Limited Company  Public Ltd. Co.  Body Corporate  Partnership

Please Tick (✓)  Trust/Charity/NGO  HUF  FPI Category I  FPI Category II

AOP  Bank  Government Body  Defence Establishment

Body of Individual  Society  LLP

Non-Government Organization

Others \_\_\_\_\_

**2. PROOF OF IDENTITY\* (Please refer the guidelines)**

Officially valid document(s) in receipt of person authorised to transact

Certificate of Incorporation / Formation   Registration Certificate No.

Memorandum and Articles of Association  Partnership Deed  Trust Deed

Resolution of Board  Power of attorney granted to its manager, officers or employees to transact on its behalf

Activity Proof - 1 (For Sole Proprietorship Only)  Activity proof - 2 (For Sole Proprietorship Only)

**3. Address Details\* (please refer guidelines)**

**A. Registered Address\***

Line 1\* \_\_\_\_\_

Line 2 \_\_\_\_\_

Line 3 \_\_\_\_\_

City / Town / Village\* \_\_\_\_\_ District\* \_\_\_\_\_ Pin Code\* \_\_\_\_\_

State\* \_\_\_\_\_ Country\* \_\_\_\_\_

**B. Correspondence/Local Address in India (if different from above)\***

Line 1\* \_\_\_\_\_

Line 2 \_\_\_\_\_

Line 3 \_\_\_\_\_

City / Town / Village\* \_\_\_\_\_ District\* \_\_\_\_\_ Pin Code\* \_\_\_\_\_

State\* \_\_\_\_\_ Country\* \_\_\_\_\_



**Know Your Client (KYC) Annexure (For Non Individuals Only)**

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



**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)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name* (if any)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse's Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth\*

Gender\*  Male  Female  Transgender

Nationality\*  Indian  Other

Related Person Type\*  Director  Promoter  Karta  Trustee  Partner  
 Court Appointed Official Proprietor  Beneficiary  
 Authorized Signatory  Power of Attorney Holder  
 Others  (please specify)  
 DIN:  (mandatory if the related person is Director)

**PHOTO**

photo across 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\* \_\_\_\_\_

**7. APPLICANT DECLARATION**

- I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I 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.

Date : \_\_\_\_\_

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

Applicant Wet Signature



Authorized Signatory

**8. For Office Use Only**

KYC carried out by\* \_\_\_\_\_

Kyc Date \_\_\_\_\_

Emp. Name \_\_\_\_\_

Emp. Code \_\_\_\_\_

Emp. Designation \_\_\_\_\_

Self certified document copies received (Originals Verified)

True Copies of documents received (Attested)

AMC / Intermediary Name OR Code:

\_\_\_\_\_

Institution Name and Stamp



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Prefix	First Name	Middle Name	Last Name
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Name\* (Same as ID proof)

Maiden Name\* (if any)

Father / Spouse's Name\*

Mother Name\*

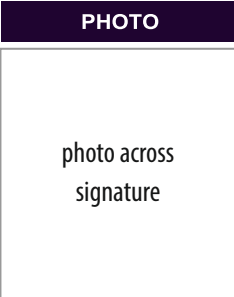
Date of Birth\*

Gender\*  Male  Female  Transgender

Nationality\*  Indian  Other

Related Person Type\*  Director  Promoter  Karta  Trustee  Partner  
 Court Appointed Official Proprietor  Beneficiary  
 Authorized Signatory  Power of Attorney Holder  
 Others  (please specify)

DIN:  (mandatory if the related person is Director)



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- I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.

Date : \_\_\_\_\_

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

Applicant Wet Signature




---

 Authorised Signatory
**8. For Office Use Only**

KYC carried out by\* \_\_\_\_\_

Kyc Date \_\_\_\_\_

Emp. Name \_\_\_\_\_

Emp. Code \_\_\_\_\_

Emp. Designation \_\_\_\_\_

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AMC / Intermediary Name OR Code:



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Date of Birth\*

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Nationality\*  Indian  Other

Related Person Type\*  Director  Promoter  Karta  Trustee  Partner  
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Date : \_\_\_\_\_

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

Applicant Wet Signature



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Emp. Designation \_\_\_\_\_

Self certified document copies received (Originals Verified)

True Copies of documents received (Attested)

AMC / Intermediary Name OR Code:

Institution Name and Stamp

Type of Entity	Additional Documents Required over and above PAN, POI and POA
Corporate	<ul style="list-style-type: none"> <li>• Copy of Balance Sheet for the last to financial years ( to be submitted every year).</li> <li>• Copy of latest share-holding pattern including the 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 (to be submitter every year).</li> <li>• Photograph, POI, POA, PAN and DIN number of the whole time Director/ 2 directors in charge of day to day operations.</li> <li>• Photograph, POI, POA, PAN of individual promoters holding control—either directly or indirectly.</li> <li>• Copy of Memorandum and Articles of Association and Certificate of Incorporation.</li> <li>• Copy of Board Resolution for Investment in security markets.</li> <li>• Authorized signatories list with specimen signatures.</li> <li>• Shareholding pattern.</li> </ul>
Partnership Firm	<ul style="list-style-type: none"> <li>• Copy of Balance Sheet for the last to financial years ( to be submitted every year).</li> <li>• Certificate of Registration (for registered partnership firms only).</li> <li>• Copy of Partnership Deed.</li> <li>• Authorized signatories list with specimen signatures.</li> <li>• Photograph, POI, POA, PAN of Partners.</li> <li>• Shareholding pattern.</li> </ul>
Trust	<ul style="list-style-type: none"> <li>• Copy of Balance Sheet for the last to financial years ( to be submitted every year).</li> <li>• Certificate of Registration (for registered Trusts only).</li> <li>• Copy of Trust Deed.</li> <li>• List of Trustees certified by Managing Trustees/ CA</li> <li>• Photograph, POI, POA, PAN of Trutees.</li> </ul>
HUF	<ul style="list-style-type: none"> <li>• PAN of HUF.</li> <li>• Deed of Declaration of HUF or List of Co-Parceners.</li> <li>• Bank Passbook / Bank statement in the name of HUF.</li> <li>• Photograph, POI, POA, PAN of KARTA.</li> </ul>
Banks/Institutional Investors	<ul style="list-style-type: none"> <li>• Copy of the constitution/registration or annual report/balance sheet for the last 2 financial years</li> <li>• Authorized signatories list with specimen signatures.</li> </ul>
Unincorporated Asso-ciation or a Body of Individuals	<ul style="list-style-type: none"> <li>• Proof of existence or Constitution document.</li> <li>• Resolution of Managing Body and power od Attorney granted to transact business on its behalf.</li> </ul>
Army/Government Bodies	<ul style="list-style-type: none"> <li>• Copy of Constitution/Registration or Annual report/Balance Sheet for the last 2 financial years.</li> <li>• Authorized signatories list with specimen signatures.</li> </ul>
Army/Government Bodies	<ul style="list-style-type: none"> <li>• Self certification on letterhead.</li> <li>• Authorized signatories list with specimen signatures.</li> </ul>
Registered Society	<ul style="list-style-type: none"> <li>• Copy of Registration Certificate under Society Registration Act.</li> <li>• List of managing committee members.</li> <li>• Committee Resolution for persons authorized to act as authorised signatories with specimen sig-natures.</li> <li>• True copy of society rules and by-laws certified by Chairman/Secretary.</li> </ul>
FPI Category I	<ul style="list-style-type: none"> <li>• FPI Certificate</li> <li>• Constitution Documents</li> <li>• Copy of Board Resolution (optional)</li> <li>• Shareholding pattern and Ultimate Beneficiary Owners List (UBO)</li> <li>• Authorized signatories list with specimen signatures.</li> </ul>
FPI Category II	<ul style="list-style-type: none"> <li>• FPI Certificate</li> <li>• Constitution Documents</li> <li>• Copy of Board Resolution</li> <li>• Shareholding pattern and Ultimate Beneficiary Owners List (UBO) with UBO proof of identity</li> <li>• Authorized signatories list with specimen signatures.</li> </ul>

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## Common Risk Profile

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

1. Name: \_\_\_\_\_

2. Date of Incorporation    /    /     /

### B. RISK PROFILER

1. 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

2. 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

3. 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

4. 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 %

5. 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

6. 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

7. 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

8. 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

9. 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	5	4	3	2	1	
3	2	3	4	N.A.	N.A.	
4	1	2	3	4	5	
5	1	2	3	4	5	
6	4	3	2	1	N.A.	
7	3	2	1	N.A.	N.A.	
8	3	2	1	N.A.	N.A.	
9	1	2	3	4	N.A.	
<b>Total</b>						

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 NEO. I/We confirm that the assessment of my/our profile as above does not constitute any advice by NEO 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 NEO. 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 Neo 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 Neo 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 (“Authorized 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	



Broker/Agent Code ARN:		SUB-BROKER		EUIN	
<b>Unit Folder Information</b>					
<b>Name of the First Applicant :</b>					
PAN Number :		KYC :		Date Of Birth :	
Father Name:			Mother Name :		
Name of Guardian:			PAN:		
<b>Contact Address:</b>					
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:		
<b>Name of the Second Applicant :</b>					
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
<b>Name of the Third Applicant :</b>					
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:	
<b>Bank Mandate 1 Details</b>					
Name of Bank:				Branch:	
A/C No.:		A/C Type:		IFSC Code:	
<b>Bank Address:</b>					
City:		Pincode:		State:	Country:
<b>Bank Mandate 2 Details</b>					
Name of Bank:				Branch:	
A/C No.:		A/C Type:		IFSC Code:	
<b>Bank Address:</b>					
City:		Pincode:		State:	Country:
<b>Bank Mandate 3 Details</b>					
Name of Bank:				Branch:	
A/C No.:		A/C Type:		IFSC Code:	
<b>Bank Address:</b>					
City:		Pincode:		State:	Country:
<b>Bank Mandate 4 Details</b>					
Name of Bank:				Branch:	
A/C No.:		A/C Type:		IFSC Code:	
<b>Bank Address:</b>					
City:		Pincode:		State:	Country:
<b>Bank Mandate 5 Details</b>					
Name of Bank:				Branch:	
A/C No.:		A/C Type:		IFSC Code:	
<b>Bank Address:</b>					
City:		Pincode:		State:	Country:
<b>Nomination Details</b>					
Nominee Name:				Relationship:	
Guardian Name(If Nominee is Minor):					
<b>Nominee Address:</b>					
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 :	






# Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India  
 ~ In case TIN is not available, kindly provided functional equivalent  
 \* If UBO has more than one tax residency outside India, details to be provided in separate rows for each of the tax residency countries

**Declaration:**

I/We acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting. I/We am/are aware that I/We may liable for it. I/We hereby authorize you [CAMS/Fund/AMC/Other participating entities] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to / any of the Mutual Fund, its sponsor, Asset Management Company, trustees, their employees / RTAs (the Authorized Parties) or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit – India (FIU – IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/us of the same. Further, I/We authorize to share the given information to other SEBI Registered Intermediaries / or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future and also undertake to provide any other additional information as may be required at your / Fund’s end or by domestic or overseas regulators / tax authorities. I/We authorize Fund/AMC/RTA to provide relevant information to upstream payors to enable withholding to occur and pay out any sums from my account or close or suspend my account(s) without any obligation of advising me of the same.

Signature with relevant seal:

Authorized Signatory

Authorized Signatory

Authorized Signatory

Date:

Place:

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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

