

REACTIVATION REQUEST FORM

Date:

Elite Wealth Limited

S-8, DDA Shopping Complex,
Mayur Vihar Phase-1, New Delhi-110091



Sub: Application for reactivation of trading account

I / We _____ registered with you as a client having trading account with unique client code: _____ since _____ (account opening date).

I have not traded in my trading account for the last **24** months and now I wish to restart trading in my trading account. So you are requested to reactivate my trading account and me to trade in my trading account with immediate effect.


I hereby undertake that:

- I have completed all the KYC formalities and submitted all the required documents at the time of account opening.
- There is no change* in my KYC details (address, Mobile, email ID, bank account, Annual Income etc).

I/we declare that the information given above is true and correct to the best of my knowledge and belief.

Thanking you

Yours Sincerely,

() _____

Client Signature

Client Name:

In person carried out by:

Employee Name		Employee Code:-	
Employee Designation		Employee Signature	
Date		Place	

- In case there is any change in the KYC details then the client is need to submit the modification form along with the required documents duly self-attested.
- In case of corporate account Latest year Balance sheet is required for Reactivations.

Date:

To

M/s Elite Wealth Ltd.
S-8, DDA Shopping Complex
Mayur Vihar Phase-I
Delhi – 110091

Reference: Trading Code: _____ and Demat Account: _____

Dear Sir/Madam,

I/We am/are enclosing herewith the duly filled KYC form. You are requested to kindly update my/our KYC details in the records of my/our Demat and Trading Account as per the enclosed form.

I/We hereby declare that the information furnished in the form is true, correct, and complete to the best of my/our knowledge and belief. I/We further undertake to promptly notify you of any changes in the said information, if applicable. I/We am/are also aware that if any information provided is found to be false, untrue, misleading, or misrepresented, I/We may be held liable for the same.

Thanking you,

Yours faithfully

1st Account Holder
(Signature)

2nd Account Holder
(Signature)

3rd Account Holder
(Signature)

CKYC & KRA MODIFICATION FORM - Individual

MANDATORY

To,

Elite Wealth Limited

S-8, DDA Shopping Complex, Mayur Vihar Phase-1, New Delhi-110091

Client Code : _____ Client ID : _____

Dear Sir /Madam,

Kindly make a note of changes in my KYC details in my trading account and my Demat account :

☐ Address Change ☐ Mobile No. Change ☐ Email Id Change

If Mobile #/Email id used belongs to a different person, specify the dependent relationship & PAN (Mark "SELF" in case of own Mobile #/Email id) (TICK correct one)

Mobile	Self <input type="checkbox"/>	Spouse <input type="checkbox"/>	Dependent Child <input type="checkbox"/>	Dependent Parent <input type="checkbox"/>
Email	Self <input type="checkbox"/>	Spouse <input type="checkbox"/>	Dependent Child <input type="checkbox"/>	Dependent Parent <input type="checkbox"/>

Mode of Receiving of Statement of Account (Tick any one) : ☐ Physical Form ☐ Electronic Form

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual

Important Instructions:

A) Fields marked with '*' are mandatory fields.

B) Please fill the form in English and in BLOCK letters.

C) Please fill the date in DD-MM-YYYY format.

D) Please read section wise detailed guidelines / Instructions at the end.

E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.

F) List of two character ISO 3166 country codes is available at the end.

G) KYC number of applicant is mandatory for update application.

H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.



For office use only

(To be filled by financial institution)

Application Type*

☐ New ☐ Update

KYC Number

_____ (Mandatory for KYC update request)

Account Type*

☐ Normal ☐ Simplified (for low risk customers) ☐ Small

☐ 1. PERSONAL DETAILS (Please refer instruction A at the end)

Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)			
Maiden Name (If any*)			
Father / Spouse Name*			
Mother Name*			
Date of Birth*	DD - MM - YYYY		
Gender*	<input type="checkbox"/> M- Male <input type="checkbox"/> F- Female <input type="checkbox"/> T-Transgender		
Marital Status*	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others		
Citizenship*	<input type="checkbox"/> IN- Indian <input type="checkbox"/> Others (ISO 3166 Country Code)		
Residential Status*	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian		
	<input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin		
Occupation Type*	<input type="checkbox"/> S-Service (<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector)		
	<input type="checkbox"/> O- Others (<input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student)		
	<input type="checkbox"/> B-Business <input type="checkbox"/> X- Not Categorised		

PHOTO



Signature / Thumb Impression

(Do no sign across)

☐ 2. TICK IF APPLICABLE ☐ RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence* _____

Tax Identification Number or equivalent (If issued by jurisdiction)* _____

Place / City of Birth* _____ ISO 3166 Country Code of Birth* _____

☐ 3. PROOF OF IDENTITY (PoI)* (Please refer instruction C at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

<input type="checkbox"/> A- Passport Number	_____	Passport Expiry Date	DD - MM - YYYY
<input type="checkbox"/> B- Voter ID Card	_____		
<input type="checkbox"/> C- PAN Card	_____		
<input type="checkbox"/> D- Driving Licence	_____	Driving Licence Expiry Date	DD - MM - YYYY
<input type="checkbox"/> E- UID (Aadhaar)	_____		
<input type="checkbox"/> F- NREGA Job Card	_____		
<input type="checkbox"/> Z- Others (any document notified by the central government)	_____	Identification Number	_____
<input type="checkbox"/> S- Simplified Measures Account - Document Type code	_____	Identification Number	_____

4. PROOF OF ADDRESS (PoA)*

☐ 4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Address Type*	<input type="checkbox"/> Residential / Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified
Proof of Address*	<input type="checkbox"/> Passport <input type="checkbox"/> Driving Licence <input type="checkbox"/> UID (Aadhaar) <input type="checkbox"/> Voter Identity Card <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Others _____ (please specify)
	<input type="checkbox"/> Simplified Measures Account - Document Type code _____

Address

Line 1*	_____
Line 2	_____
Line 3	_____
District*	_____
Pin / Post Code*	_____
City / Town / Village*	_____
State / U.T Code*	_____
ISO 3166 Country Code*	_____

☐ Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')

[illegible]

☐ 4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)

☐ Same as Current / Permanent / Overseas Address details☐ Same as Correspondence / Local Address details

Line 1*																								
Line 2																								
Line 3																								
State*									ZIP / Post Code*								City / Town / Village*				ISO 3166 Country Code*			

☐ **5. CONTACT DETAILS** (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

[illegible]

☐ **6. DETAILS OF RELATED PERSON** (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)

☐ Addition of Related Person ☐ Deletion of Related Person

KYC Number of Related Person (if available*)

Related Person Type*

☐ Guardian of Minor☐ Assignee☐ Authorized Representative

Name* Prefix First Name Middle Name Last Name

(If KYC number and name are provided, below details of section 6 are optional)

PROOF OF IDENTITY [Pol] OF RELATED PERSON* (Please see instruction (H) at the end)

<input type="checkbox"/> A- Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>		
<input type="checkbox"/> C- PAN Card	<input type="text"/>		
<input type="checkbox"/> D- Driving Licence	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> E- UID (Aadhaar)	<input type="text"/>		
<input type="checkbox"/> F- NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>
<input type="checkbox"/> S- Simplified Measures Account - Document Type code	<input type="text"/>	Identification Number	<input type="text"/>

☐ 7. INCOME RANGE

☐ Gross Annual Income Details : (Income Range per annum)

<input type="checkbox"/> Upto Rs. 1 Lac	<input type="checkbox"/> Rs. 1 Lac to 5 Lac	<input type="checkbox"/> Rs. 5 Lac to 10 Lac
<input type="checkbox"/> Rs. 10 Lac to 25 Lac	<input type="checkbox"/> > Rs. 25 Lac	

☐ 8. REMARKS (If any)

9. APPLICANT DECLARATION

• I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I 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 aware that I may be held liable for it.

☐ I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date :

D	D
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 -

M	M
---	---

 -

Y	Y	Y	Y
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[illegible]

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ **Certified Copies**

IN PERSON VERIFICATION AND KYC VERIFICATION CARRIED OUT BY

INSTITUTION DETAILS

Date	DD	MM	YY
Emp. Name			
Emp. Code			
Emp. Designation			
Emp. Branch			

Name **ELITE WEALTH LIMITED**

Code	I	N	1	2	5	0
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[Employee Signature]

(Institution Stamp)

To,
Elite Wealth Limited
 DP ID : NSDL : IN301670, CDSL : 12066800
 S-8, DDA Shopping Complex, Mayur Vihar Phase-1, New Delhi-110091



Dear Sir /Madam,

Kindly make a note of changes in my demat & trading account, as given below, in your records.

Trading Code :

Demat Client ID :

FOR TRADING A/C

☐ Addition of New Bank Account

☐ Change my Bank Account

FOR DEMAT A/C

☐ Change my Bank Account

Note: Kindly submit supporting documents along with your modification requested.

Bank Proof: Copy of cancelled cheque leaf/ pass book/bank statement specifying name of the constituent, MICR Code or/and IFSC Code of the bank should be submitted.

BANK ACCOUNT DETAILS (FOR DP & TRADING)

(Through which transactions will generally be routed)

Existing Bank Details	New Bank Details
Bank Name : <input type="text"/>	Bank Name : <input type="text"/>
Account No. : <input type="text"/>	Account No. : <input type="text"/>
Branch : <input type="text"/>	Branch : <input type="text"/>
Address : <input type="text"/>	Address : <input type="text"/>
MICR Code of Branch : <input type="text"/>	MICR Code of Branch : <input type="text"/>
Pin Code : <input type="text"/>	Pin Code : <input type="text"/>
IFS Code : <input type="text"/>	IFS Code : <input type="text"/>
Account Type : <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE/NRO	Account Type : <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE/NRO
<input type="checkbox"/> OTHERS : <input type="text"/> (Please Specify)	<input type="checkbox"/> OTHERS : <input type="text"/> (Please Specify)

DECLARATION

- 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 that I/We may be held liable for it.
- I/We confirm having read/been explained and understood the contents of the document on policy and procedures of the stock broker and the tariff sheet.
- I/We further confirm having read and understood the contents of the 'Rights and Obligations' document(s) and 'Risk Disclosure Document'. I/We do hereby agree to be bound by such provisions as outlined in these documents. I/We have also been informed that the standard set of documents has been displayed for Information on stock broker's designated website, if any.

Name of Applicant :

Place :

Date :



Signature of 1st Holder



Signature of 2nd Holder



Signature of 3rd Holder

Elite Wealth Ltd(DP ID-IN301670 &IN303989 & 12066800)

(SEBI/HO/OIAE/OIAE_IAD-3/P/ON/2025/01650, dated January 10, 2025)

Nomination Form for Demat Accounts and Mutual Fund (MF) Folios

I / We hereby nominate the following person(s) who shall receive all the assets held in my / our account / folio in the event of my / our demise, as trustee and on behalf of my / our legal heir(s) *

Nomination Details								
	Mandatory Details						Additional Details ****	
	Name of nominee	Share of nominee (%)**	Relation ship	Postal Address	Mobile number & E-mail	Identity Number ***	D.o.B. of nominee	Guardian
Nominee 1								
Nominee 2								
Nominee 3								
Nominee 4								
Nominee 5								
Nominee 6								
Nominee 7								
Nominee 8								
Nominee 9								
Nominee 10								

*Joint Accounts:

Event	Transmission of Account / Folio to
Demise of one or more joint holder(s)	Surviving holder(s) through name deletion The surviving holder(s) shall inherit the assets as owners.
Demise of all joint holders simultaneously – having nominee	Nominee
Demise of all joint holders simultaneously – not having nominee	Legal heir(s) of the youngest holder

** if % is not specified, then the assets shall be distributed equally amongst all the nominees (see table in 'Transmission aspects').

*** Provide only number: PAN or Driving Licence or Aadhaar (last 4). Copy of the document is not required.

**** to be furnished only in following conditions / circumstances:

- Date of Birth (DoB): please provide, only if the nominee is minor.
- Guardian: It is optional for you to provide, if the nominee is minor.

1) I / We want the details of my / our nominee to be printed in the statement of holding, provided to me/ us by the AMC / DP as follows; (please tick, as appropriate)

☐ Name of nominee(s) ☐ Nomination: Yes / No

2) I hereby authorize _____ (nominee number ____) to operate my account on my behalf, in case of my incapacitation in terms of paragraph 3.5 of the circular. He / She is authorized to encash my assets up to ____% of assets in the account / folio or Rs. _____.
(strike off portions that are not relevant)

3) This nomination shall supersede any prior nomination made by me / us, if any.

	First Holder	Second Holder	Third Holder
Signatures			
Witness(es),	Name of the witness	Address of the witness	Signature of the witness
Witness -1			
Witness -2			

* Signature of two witness(es), along with name and address are required, if the account holder affixes thumb impression, instead of wet signature.

Rights, Entitlement and Obligation of the investor and nominee:

- If you are opening a new demat account / MF folios, you have to provide nomination. Otherwise, you have to follow procedure as per 3.10 of this circular.
- You can make nomination or change nominee any number of times without any restriction.
- You are entitled to receive acknowledgement from the AMC / DP for each instance of providing or changing nomination.
- Upon demise of the investor, the nominees shall have the option to either continue as joint holders with other nominees or for each nominee(s) to open separate single account / folio.
- In case all your nominees do not claim the assets from the AMC / DP, then the residual unclaimed asset shall continue to be with the AMC in case of MF units and with the concerned Depository in case of Demat account.
- You have the option to designate any one of your nominees to operate your account / folio, in case of your physical incapacitation. This mandate can be changed any time you choose.
- The signatories for this nomination form in joint folios / account, shall be the same as that of your joint MF folio / demat account. i.e.
 - 'Either or Survivor' Folios / Accounts - any one of the holder can sign
 - 'Jointly' Folios / Accounts - both holders have to sign

Transmission aspects

- AMCs / DPs shall transmit the folio / account to the nominee(s) upon receipt of 1) copy of death certificate and 2) completion / updation of KYC of the nominee(s). The nominee is not required to provide affidavits, indemnities, undertakings, attestations or notarization.
- Nominee(s) shall extend all possible co-operation to transfer the assets to the legal heir(s) of the deceased investor. In this regard, no dispute shall lie against the AMC / DP.
- In case of multiple nominees the assets shall be distributed pro-rata to the surviving nominees, as illustrated below.

% share as specified by investor at the time of nomination		% assets to be apportioned to surviving nominees upon demise of investor and nominee 'A'			
Nominee	% share	Nominee	% initial share	% of A's share to be apportioned	Total % share
A	60%	A	0	0	0
B	30%	B	30%	45%	75%
C	10%	C	10%	15%	25%
Total	100%	-	40%	60%	100%
