



# Wealth Nest SIP Advisory Pvt. Ltd.

436, 2nd Flr, 9th Cross, Next To Sonata Southend, R V Road, Jayanagar 2nd Block,  
Bangalore 560 011

## INVESTMENT SERVICES ACCOUNT OPENING FORM

### First / Sole Applicant Information

Name of Applicant: \_\_\_\_\_  
Date of Birth:           [dd/mm/yyyy] First Name PAN No:           Middle Name Last Name  
Occupation: Private Sector Service Status: Individual PAN proof enclosed:  
KYC Compliant:

Present Address (INDIA) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_  
Pin Code:

Contact Details of Applicant  
Office Number \_\_\_\_\_ Residence Number \_\_\_\_\_ Mobile Number \_\_\_\_\_  
Email ID \_\_\_\_\_

Overseas Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Pin Code: \_\_\_\_\_

Name of Guardian (In case of minor) \_\_\_\_\_  
Guardians PAN No: \_\_\_\_\_ PAN proof enclosed: \_\_\_\_\_ KYC Compliant: \_\_\_\_\_  
Relation with minor / Designation: \_\_\_\_\_

Name of POA \_\_\_\_\_  
POA's PAN No: \_\_\_\_\_ PAN proof enclosed: \_\_\_\_\_ KYC Compliant: \_\_\_\_\_  
Relation with minor / Designation: \_\_\_\_\_

### Second Applicant Information

Name of Applicant: \_\_\_\_\_  
Date of Birth:           [dd/mm/yyyy] First Name PAN No:           Middle Name Last Name  
Occupation: \_\_\_\_\_ PAN proof enclosed: \_\_\_\_\_  
Status: Individual KYC Compliant: \_\_\_\_\_

Present Address SAME AS APPLICANT \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_  
Pin Code:

**Third Applicant Information**

Name of Applicant:  First Name  Middle Name  Last Name

Date of Birth:  [dd/mm/yyyy] PAN No:  PAN proof enclosed:   
KYC Compliant:

Occupation:  Status:

Present Address

City  State  Country

Pin Code:

**Applicants Bank Details**

Mode of Holding

Account Type

Bank Name

Account Number

Branch Address

Branch City

11 Digit IFSC Code:

9 Digit MICR Code:

Please ensure the name in this application form and in your bank account are the same.

Cancelled Cheque Enclosed:

Mode of Holding

Account Type

Bank Name

Account Number

Branch Address

Branch City

11 Digit IFSC Code:

9 Digit MICR Code:

Please ensure the name in this application form and in your bank account are the same.

Cancelled Cheque Enclosed:

Mode of Holding

Account Type

Bank Name

Account Number

Branch Address

Branch City

11 Digit IFSC Code:

9 Digit MICR Code:

Please ensure the name in this application form and in your bank account are the same.

Cancelled Cheque Enclosed:

Mode of Holding

Account Type

Bank Name

Account Number

Branch Address

Branch City

11 Digit IFSC Code: |

9 Digit MICR Code:

Please ensure the name in this application form and in your bank account are the same.

Cancelled Cheque Enclosed:

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Mode of Holding

Account Type

Bank Name

Account Number

Branch Address

Branch City

11 Digit IFSC Code: |

9 Digit MICR Code:

Please ensure the name in this application form and in your bank account are the same.

Cancelled Cheque Enclosed:

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## Nominee Details

Name	:			
Address	:			
City	:	State	:	
Country	:	India	Pincode	:
Name of the Guardian	:			
Relation with Investor	:			
Proportion	:	100		
Specimen Signature Of Nominee OR Minor Nominees Guardian	:			

Name	:			
Address	:			
City	:	State	:	
Country	:		Pincode	:
Name of the Guardian	:			
Relation with Investor	:			
Proportion	:	0		
Specimen Signature Of Nominee OR Minor Nominees Guardian	:			

Name	:			
Address	:			
City	:	State	:	
Country	:		Pincode	:
Name of the Guardian	:			
Relation with Investor	:			
Proportion	:	0		
Specimen Signature Of Nominee OR Minor Nominees Guardian	:			

I/ We have read and understood the Terms and Conditions (a copy of which is in my / our possession) applicable to investment Services Account. I / We agree to abide by the same. I / We declare that the particulars given above are true to the best of my / our knowledge as on the date of making such applications. I / we undertake to inform, in writing, of any change in the particulars furnished above. I / we further agree that any false / misleading information given by me. /us or suppression of any material fact will render my / our account liable for termination. I / we declare that all the details in my / our relationship record are true and correct and any instruction arising out of any transaction entered in to pursuant to these terms and conditions would be as per the provisions of the Income Tax Act, 1961 or any modification or re-enactment thereof. I/we agree and declare that any and all tax liability will be my/our sole responsibility. I/we shall execute and deliver to IFA, from time to time such other documents as may be specified IFA the compliance or updating of said terms and conditions applicable to IFA accounts and agreed to be bound by the said terms and conditions and including those excluding / limiting your liability. I/We undertake to make the applicants to the investments aware of the provisions of the terms and conditions and the same will be binding on the applicants by use of the facility provided herein. I/We will be jointly and severally bound by the terms and conditions of IFA account.

**SIGNATURE**

**SIGNATURE**

**SIGNATURE**

\_\_\_\_\_  
Applicant 1 / Guardian / Authorized Signatory

\_\_\_\_\_  
Applicant 2 / Guardian / Authorized Signatory

\_\_\_\_\_  
Applicant 3 / Guardian / Authorized Signatory