



# REGISTRATION KIT



## Lares Algotech India Private Limited

Member : NSE, BSE & MCX

Client Name : \_\_\_\_\_

Application No.: \_\_\_\_\_

Client Code : \_\_\_\_\_

Branch Name and Code : \_\_\_\_\_

Introducer RM Name : \_\_\_\_\_





## Lares Algotech India Private Limited

CIN - U66120DL2023PTC415426

Member : National Stock Exchange of India Ltd. (Cash, F&O, Currency & Commodity Derivative Segment)

Member : Bombay Stock Exchange Ltd. (Cash, F&O and Currency Derivative Segment)

Member : Multi Commodity Exchange of India Ltd. (Commodity Derivative Segment)

SEBI Regn. No. : INZ000316732

TM ID : NSE-90367, BSE - 6892, MCX - 57310

Regd. Office : Flat No. 460, 3rd Floor, Kondli Gharoli, Mayur Vihar Phase-III, Delhi-110096, Tel.: 011-49574522

Corporate Office : Spectrum Metro Mall, Tower A, 1005, 10th Floor, Sector-75, Phase-1,

Gautam Buddha Nagar, Noida-201301 • Tel.: 0120-6335981

E-mail : info@laresalgotech.com • Website: www.laresalgotech.com

Compliance Officer

MR. RAVINDRA

Ph.: 9289529410

Email : ravindrapal@laresalgotech.com

CEO

MR. MAYA SHARAN SINGH

Ph.: 9540939499

Email : mssingh@laresalgotech.com

Details of Clearing Member (NSE, BSE & MCX) :

Globe Derivatives and Securities Ltd.

609, Ansal Bhawan, 16 Kasturba Gandhi Marg, New Delhi-110001, Tel.: +91-11-23316916-20

SEBI Regn. No.: INZ000312637

CM Code : NSE-M70073, BSE-M70073, MCX-9650

For any grievance/dispute please contact LARES ALGOTECH INDIA PRIVATE LIMITED at the above address or email id-complaint@laresalgotech.com and Phone No. +91-120-6335981. In case not satisfied with the response, please contact the concerned exchange(s) at :

Exchange Name	E-mail ID	Phone No.
National Stock Exchange of India Ltd.	ignse@nse.co.in	022-26598190, 18002660058
Bombay Stock Exchange Ltd.	is@bseindia.com	022-22728097
Multi Commodity Exchange of India Ltd.	grievance@mcxindia.com	022-67318888

**Filing of complaints on SEBI SCORES - Easy & Quick** (<https://www.scores.sebi.gov.in>)

- Register on SCORES portal
- Mandatory details for filing complaints on SCORES: i.e. Name, Pan, Address, Mobile Number, Email ID
- Benefits:
  - Effective communication
  - Speedy redressal of the grievances

**ANNEXURE - I**  
**ACCOUNT OPENING KIT**

**INDEX OF DOCUMENTS**

**MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI & EXCHANGES**

S.No.	Name of the Document	Brief Significance of the Document	Page No.
1.	Account Opening Form	A. KYC Form - Document captures the basic information about the constituent and instruction/check list.	1-5
		B. FATCA & CRS Declaration	6-8
		C. Document captures the additional information about the constituent relevant to trading account and nomination.	9-13
2.	Brokerage Structure	Document detailing the rate / amount of brokerage and other charges levied on the client for trading on the stock/commodity exchange(s)	14
3.	Rights and Obligations	Document stating the Rights & Obligations of Stock Broker/ Commodity Broker Trading Member, Authorised Person and Client for trading on exchanges (including additional rights & obligations in case of internet/wireless technology based trading).	Given to Client with Welcome Kit
4.	Risk Disclosure Document (RDD)	Document detailing risks associated with dealing in the securities/ commodities market.	
5.	Guidance Note	Documents detailing do's and don'ts for trading on exchange, for the education of the investors.	
6.	Policies and Procedures	Document describing significant policies and procedure of the Stock Broker / Commodity Broker.	

**VOLUNTARY DOCUMENTS AS PROVIDED BY THE STOCK BROKER**

S.No.	Name of the Document	Brief Significance of the Document	Page No.
1.	Authorisation for Electronic Communication	For authorising the trading member to send Electronic Contract Notes.	15
2.	Running Account Authorisation	Helps the client to enjoy exposures linked to the credit in the trading account.	16
3.	Letter of Authority	Authorisation for smooth functioning of Trading A/c	17
4.	Request for Trading in Commodity Forward Contracts/Commodity Derivative on MCX	Request for Trading in Commodity Forward Contracts/ Commodity Derivative on MCX	18
5.	Declaration, Indemnity cum Undertaking for name discrepancy in various documents	Declaration, Indemnity cum Undertaking for name discrepancy in Pan Card, Bank Proof & Address Proof	19
6.	Declaration W.R.T. E-mail Id and Mobile Number	Declaration W.R.T. E-mail Id and Mobile Number	20

Note : You may also download KYC form & other formats from our website [www.laresalgotech.com](http://www.laresalgotech.com)

## CLIENTS OPTION FOR RECEIVING DOCUMENTS

To,

EQUITY AND COMMODITY

### Lares Algotech India Private Limited

Spectrum Metro Mall, Tower A, 1005, 10th Floor, Sector-75,  
Phase-1, Gautam Buddha Nagar, Noida-201301

Dated \_\_\_\_\_

I hereby opt to get the document listed below in -

Electronic Form       Physical Form

1. Rights and Obligations of Stock Brokers, Authorised Person, Commodity Exchange and Clients (including additional rights & obligations in case of internet / wireless technology based trading).
2. Risk Disclosure Document for Capital Market, Derivatives & Commodity Derivatives Segments.
3. Guidance Note - Do's and Don'ts for Trading on the Exchange(s) for Investors.
4. Policies and Procedures Document pursuant to the SEBI circular dated December 03, 2009.
5. I/We hereby acknowledge the receipt of duly executed copy of KYC and all other documents as executed by me/us. Further I confirmed that the documents for KYC submitted by me are true and correct.

Yours faithfully,

① ✓

\_\_\_\_\_  
(Client Signature)

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## ACKNOWLEDGEMENT FROM CLIENT FOR RECEIPT OF PHYSICAL DOCUMENTS

To,

EQUITY AND COMMODITY

### Lares Algotech India Private Limited

Spectrum Metro Mall, Tower A, 1005, 10th Floor, Sector-75,  
Phase-1, Gautam Buddha Nagar, Noida-201301

Dated \_\_\_\_\_

Dear Sir/ Madam,

I/We hereby acknowledge receipt of the following documents

1. Rights and Obligations of Stock Brokers, Authorised Person, Commodity Exchange and Clients (including additional rights & obligations in case of internet / wireless technology based trading).
2. Risk Disclosure Document for Capital Market, Derivatives & Commodity Derivatives Segments.
3. Guidance Note - Do's and Don'ts for Trading on the Exchange(s) for Investors.
4. Policies and Procedures Document pursuant to the SEBI circular dated December 03, 2009.
5. I/We hereby acknowledge the receipt of duly executed copy of KYC and all other documents as executed by me/us. Further I confirmed that the documents for KYC submitted by me are true and correct.

Yours faithfully,

② ✓

\_\_\_\_\_  
(Client Signature)

## MOST IMPORTANT TERMS AND CONDITIONS (MITC)

(For non-custodial settled trading accounts)

1. Your trading account has a "Unique Client Code" (UCC), different from your demat account number. Do not allow anyone (including your own stock broker, their representatives and dealers) to trade in your trading account on their own without taking specific instruction from you for your trades. Do not share your internet/ mobile trading login credentials with anyone else.
2. You are required to place collaterals as margins with the stock broker before you trade. The collateral can either be in the form of funds transfer into specified stock broker bank accounts or margin pledge of securities from your demat account. The bank accounts are listed on the stock broker website. Please do not transfer funds into any other account. The stock broker is not permitted to accept any cash from you.
3. The stock broker's Risk Management Policy provides details about how the trading limits will be given to you, and the tariff sheet provides the charges that the stock broker will levy on you.
4. All securities purchased by you will be transferred to your demat account within one working day of the payout. In case of securities purchased but not fully paid by you, the transfer of the same may be subject to limited period pledge i.e. seven trading days after the pay-out (CUSPA pledge) created in favor of the stock broker. You can view your demat account balances directly at the website of the Depositories after creating a login.
5. The stock broker is obligated to deposit all funds received from you with any of the Clearing Corporations duly allocated in your name. The stock broker is further mandated to return excess funds as per applicable norms to you at the time of quarterly/ monthly settlement. You can view the amounts allocated to you directly at the website of the Clearing Corporation(s).
6. You will get a contract note from the stock broker within 24 hours of the trade.
7. You may give a one-time Demat Debit and Pledge Instruction (DDPI) authority to your stock broker for limited access to your demat account, including transferring securities, which are sold in your account for pay-in.
8. The stock broker is expected to know your financial status and monitor your accounts accordingly. Do share all financial information (e.g. income, networth, etc.) with the stock broker as and when requested for. Kindly also keep your email Id and mobile phone details with the stock broker always updated.
9. In case of disputes with the stock broker, you can raise a grievance on the dedicated investor grievance ID of the stock broker. You can also approach the stock exchanges and/or SEBI directly.
10. Any assured/guaranteed/fixed returns schemes or any other schemes of similar nature are prohibited by law. You will not have any protection/recourse from SEBI/stock exchanges for participation in such schemes.

3 ✓

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(Client Signature)

**INSTRUCTIONS / CHECK LIST FOR FILLING KYC FORM****MANDATORY****A. IMPORTANT POINTS:**

1. Self attested copy of PAN card is mandatory for all clients, including Promoters/Partners/Karta/Trustees and whole time directors and persons authorized to deal in securities on behalf of company/firm/others.
2. Copies of all the documents submitted by the applicant should be self-attested 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 the below 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 address 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 the 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., Heads of States or of Governments, senior politicians, senior Government/ judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.

**B Proof of Identity (POI) : - List of documents admissible as Proof of Identity:**

1. Unique Identification Number (UID) (Aadhaar)/ Passport/ Voter ID card/ Driving license.
2. PAN card with photograph.
3. Identity card/ document with applicant's Photo, issued by any of the following: Central/State Government and its 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): - List of documents admissible as Proof of Address:**

(\*Documents having an expiry date should be valid on the date of submission.)

1. Passport/ Voters Identity Card/ Ration Card/ Registered Lease or Sale Agreement of Residence/ Driving License/ Flat Maintenance bill/ Insurance Copy.
2. Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill - Not more than 3 months old.
3. Bank Account Statement/Passbook -- Not more than 3 months old.
4. Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts.
5. Proof of address issued by any of the following: Bank Managers of Scheduled Commercial Banks/Scheduled Co-Operative Bank/Multinational Foreign Banks/Gazetted Officer/Notary public/Elected representatives to the Legislative Assembly/Parliament/Documents issued by any Govt. or Statutory Authority.
6. Identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members.
7. For FII/sub account, Power of Attorney given by FII/sub-account to the Custodians (which are duly notarized and/or apostilled or consularised) that gives the registered address should be taken.
8. The proof of address in the name of the spouse may be accepted.

**D. Exemptions/clarifications to PAN**

(\*Sufficient documentary evidence in support of such claims to be collected.)

1. In case of transactions undertaken on behalf of Central Government and/or State Government and by officials appointed by Courts e.g. Official liquidator, Court receiver etc.
2. Investors residing in the state of Sikkim.
3. UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.
4. SIP of Mutual Funds upto Rs 50, 000/- p.a.
5. In case of institutional clients, namely, FIIs, MFs, VCFs, FVCIs, Scheduled Commercial Banks, Multilateral and Bilateral Development Financial Institutions, State Industrial Development Corporations, Insurance Companies registered with IRDA and Public Financial Institution as defined under section 4A of the Companies Act, 1956, Custodians shall verify the PAN card details with the original PAN card and provide duly certified copies of such verified PAN details to the intermediary.

**E. List of people authorized to attest the documents:**

1. Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/ Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
2. 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. In case of Non-Individuals, additional documents to be obtained from non-individuals, over & above the POI & POA, as mentioned below:**

Types of entity	Documentary Requirements
<b>Corporate</b>	<ul style="list-style-type: none"> <li>• Copy of the balance sheets for the last 2 financial years (to be submitted every year).</li> <li>• Copy of latest share holding pattern including 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 submitted every year).</li> <li>• Photograph, POI, POA, PAN and DIN numbers of whole time directors/two 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>• Copies of the Memorandum and Articles of Association and certificate of incorporation.</li> <li>• Copy of the Board Resolution for investment in securities market.</li> <li>• Authorised signatories list with specimen signatures.</li> </ul>
<b>Partnership Firm</b>	<ul style="list-style-type: none"> <li>• Copy of the balance sheets for the last 2 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>• Authorised signatories list with specimen signatures.</li> <li>• Photograph, POI, POA, PAN of Partners.</li> </ul>
<b>Trust</b>	<ul style="list-style-type: none"> <li>• Copy of the balance sheets for the last 2 financial years (to be submitted every year).</li> <li>• Certificate of registration (for registered trust only).</li> <li>• Copy of Trust deed. List of trustees certified by managing trustees/CA.</li> <li>• Photograph, POI, POA, PAN of Trustees.</li> </ul>
<b>HUF</b>	<ul style="list-style-type: none"> <li>• PAN of HUF.</li> <li>• Deed of declaration of HUF/ List of coparceners.</li> <li>• Bank pass-book/bank statement in the name of HUF.</li> <li>• Photograph, POI, POA, PAN of Karta.</li> </ul>
<b>Unincorporated association or a body of individuals</b>	<ul style="list-style-type: none"> <li>• Proof of Existence/Constitution document.</li> <li>• Resolution of the managing body &amp; Power of Attorney granted to transact business on its behalf.</li> <li>• Authorized signatories list with specimen signatures.</li> </ul>
<b>Banks/Institutional Investors</b>	<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>
<b>Foreign Institutional Investors (FII)</b>	<ul style="list-style-type: none"> <li>• Copy of SEBI registration certificate.</li> <li>• Authorized signatories list with specimen signatures.</li> </ul>
<b>Army Government Bodies</b>	<ul style="list-style-type: none"> <li>• Self-certification on letterhead.</li> <li>• Authorized signatories list with specimen signatures.</li> </ul>
<b>Registered Society</b>	<ul style="list-style-type: none"> <li>• Copy of Registration Certificate under Societies Registration Act.</li> <li>• List of Managing Committee members.</li> <li>• Committee resolution for persons authorised to act as authorised signatories with specimen signatures.</li> <li>• True copy of Society Rules and Bye Laws certified by the Chairman/Secretary.</li> </ul>

**ADDITIONAL INSTRUCTIONS/ CHECK LIST FOR DERIVATIVES**

1. Additional documents in case of trading in derivatives segments - illustrative list:
  - Copy of ITR Acknowledgement
  - Copy of Annual Accounts
  - In case of salary income - Salary Slip, Copy of Form 16
  - Net worth certificate
  - Copy of demat account holding statement.
  - Bank account statement for last 6 months
  - Any other relevant documents substantiating ownership of assets.
  - Self declaration with relevant supporting documents.
  - \* In respect of other clients, documents as per risk management policy of the stock broker need to be provided by the client from time to time.
2. 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.
3. Demat master or recent holding statement issued by DP bearing name of the client.
4. **For Individuals**
  - a. Stock broker has an option of doing 'in-person' verification through web camera at the branch office of the stock broker/sub-broker's office.
  - b. In case of non-resident clients, employees at the stock broker's local office, overseas can do in-person' verification. Further, considering the infeasibility of carrying out 'In-person' verification of the non-resident clients by the stock broker's staff, attestation of KYC documents by Notary Public, Court, Magistrate, Judge, Local Banker, Indian Embassy / Consulate General in the country where the client resides may be permitted.
5. **For Non-Individuals**
  - a. Form need to be initialized by all the authorized signatories.
  - b. Copy of Board Resolution or declaration (on the letterhead) naming the persons authorized to deal in securities on behalf of company/firm/others and their specimen signatures.

## CENTRAL KYC REGISTRY | Instructions / Check list / Guidelines for filling Individual KYC Application Form

### General Instructions:

- 1 Fields marked with "\*" are mandatory fields.
- 2 Tick '✓' wherever applicable.
- 3 Self-Certification of documents is mandatory.
- 4 Please fill the form in English and in BLOCK Letters.
- 5 Please fill all dates in DD-MM-YYYY format.
- 6 Wherever state code and country code is to be furnished, the same should be the two-digit code as per Indian Motor Vehicle, 1988 and ISO 3166 country code respectively list of which is available at the end.
- 7 KYC number of applicant is mandatory for updation of KYC details.
- 8 For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.
- 9 In case of 'Small Account type' only personal details at section number 1 and 2, photograph, signature and self-certification required.

### A Clarification / Guidelines on filling 'Personal Details' section

- 1 **Name:** Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.). The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- 2 Either **father's name or spouse's** name is to be mandatorily furnished. In case PAN is not available father's name is mandatory.

### B Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India

- 1 **Tax identification Number (TIN):** TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number, and resident registration number)

### C Clarification / Guidelines on filling 'Proof of Identity [PoI]' section

- 1 If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
- 2 Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.
- 3 In case of Simplified Measures Accounts for verifying the identity of the applicant, any one of the following documents can also be submitted and undernoted relevant code may be mentioned in point 3 (S).

Document Code	Description
01	Identity card with applicant's photograph issued by Central/ State Government Departments, Statutory/ Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, and Public Financial Institutions.
02	Letter issued by a gazetted officer, with a duly attested photograph of the person.

### D Clarification / Guidelines on filling 'Proof of Address [PoA] - Current / Permanent / Overseas Address details' section

- 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 State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- 3 In case of Simplified Measures Accounts for verifying the address of the applicant, any one of the following documents can also be submitted and undernoted relevant code may be mentioned in point 4.1.

Document Code	Description
01	Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill).
02	Property or Municipal Tax receipt.
03	Bank account or Post Office savings bank account statement.
04	Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.
05	Letter of allotment of accommodation from employer issued by State or Central Government departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies. Similarly, leave and license agreements with such employers allotting official accommodation.
06	Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India.

### E Clarification / Guidelines on filling 'Proof of Address [PoA] - Correspondence / Local Address details' section

- 1 To be filled only in case the PoA is not the local address or address where the customer is currently residing. No separate PoA is required to be submitted.
- 2 In case of multiple correspondence / local addresses, Please fill '**Annexure A1**'

### F Clarification / Guidelines on filling 'Contact details' section

- 1 Please mention two-digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
- 2 Do not add '0' in the beginning of Mobile number.

### G Clarification / Guidelines on filling 'Related Person details' section

- 1 Provide KYC number of related person if available.

### H Clarification / Guidelines on filling 'Related Person details – Proof of Identity [PoI] of Related Person' section

- 1 Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.



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

**Important Instructions:**

- A) Fields marked with "\*" are mandatory fields.
- B) Tick (✓) wherever applicable.
- C) Please fill the form in English and in BLOCK letters.
- D) Please fill the date in DD-MM-YYYY format.
- E) For particular section update, please tick (✓) in the box section number and strike off the sections not required to be updated.
- F) Please read section wise detailed guidelines / instructions at the end.
- G) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- H) List of two character ISO 3166 country codes is available at the end.
- I) KYC number of applicant is mandatory for update application.
- J) The 'OTP based E-KYC' check box is to be checked to accounts opened using OTP based E-KYC in non-face to face mode.



<b>For office use only</b> (To be filled by financial institution)	Application Type*	<input type="checkbox"/> New	<input type="checkbox"/> Update	
	KYC Number	(Mandatory for KYC update request)		
	Account Type*	<input type="checkbox"/> Normal	<input type="checkbox"/> Minor	<input type="checkbox"/> Aadhaar OTP based E-KYC (in non-face to face mode)

**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)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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	
PAN*	<input type="text"/>	<input type="checkbox"/> Form 60 furnished		
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/> )		
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"/> Agriculturist	<input type="checkbox"/> X- Not Categorized	<input type="checkbox"/> Forex Dealer	
	<input type="checkbox"/> Others (Pl. Specify) _____			

**PHOTO**

Sign Across the photograph

**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)

Is entity a tax resident of any country other than India  Yes  No

If yes, please provide country/ies in which the entity is a resident for tax purpose & the associated tax id no. below.

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 AND ADDRESS\*** (Please refer instruction **B** at the end)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A- Passport Number
- B- Voter ID Card
- C- Driving Licence
- D- NREGA Job Card
- E- National Population Register Letter
- F- Proof of possession of Aadhaar

II.  E- KYC Authentication

III.  Offline verification of Aadhaar

**Address**

Line 1\*

Line 2

Line 3

District\*  Pin / Post Code\*  State / U.T Code\*  ISO 3166 Country Code\*

**4. CURRENT ADDRESS DETAILS** (Please refer instruction **B** at the end)

Same as above mentioned address (in such cases address details as below need not to be provided)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A- Passport Number
- B- Voter ID Card
- C- Driving Licence
- D- NREGA Job Card
- E- National Population Register Letter
- F- Proof of possession of Aadhaar

II.  E- KYC Authentication

III.  Offline verification of Aadhaar

IV.  Deemed Proof of Address - Document type Code

**Address**

Line 1\*

Line 2

Line 3  City / Town / Village\*

District\*  Pin / Post Code\*  State / U.T Code\*  ISO 3166 Country Code\*

**5. CONTACT DETAILS** (All communications will be sent to Mobile number / Email-ID provided) (Please refer instruction **C** at the end)

Tel. (Off) - Tel. (Res) - Mobile -

Email ID

**6. REMARKS (If any)**

**7. APPLICANT DECLARATION**

- I hereby declare that the KYC details furnished by me are true and correct to the best of my 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 aware that I may be held liable for it.
- I hereby consent to receiving information from KRA/CERSAI (CKYC) through SMS/Email on the above registered number/Email address.
- I am also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I hereby consent to sharing my 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.



Signature / Thumb Impression of Applicant

Date : -- Place :

**8. ATTESTATION / FOR OFFICE USE ONLY**

**Documents Received**  Certified Copies  E-KYC data received from UIDAI  Data received from Offline Verification  Digital KYC Process  
 Equivalent e-document  Video Based KYC  Digilocker Verified

**KYC VERIFICATION CARRIED OUT BY**

**INSTITUTION DETAILS**

Date

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

Name **LARES ALGOTECH INDIA PRIVATE LIMITED**  
Code

[Employee Signature]

[Institution Stamp]

**CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Legal Entity / Other than Individuals**

**Important Instructions:**

- A) Fields marked with "\*" are mandatory fields.
- B) Tick '✓' wherever applicable.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please fill the form in English and in BLOCK letters.
- E) KYC number of applicant is mandatory for update application.
- F) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- G) List of two character ISO 3166 country codes is available at the end.
- H) Please read section wise detailed guidelines / instructions at the end.
- I) 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**      Application Type\*     New       Update  
 (To be filled by financial institution)    KYC Number     (Mandatory for KYC update request)

**1. ENTITY DETAILS\*** (Please refer instruction **A** at the end)

Name\*   

Entity Constitution Type\*     Others (Specify)    (Please refer instruction B a the end)

Date of Incorporation / Formation\*     DD -  MM -  YY  YY      Date of Commencement of Business     DD -  MM -  YY  YY

Place of Incorporation / Formation\*          Country of Incorporation / Formation\*          TIN or Equivalent Issuing Country   

PAN\*           Form 60 furnished

TIN / GST Registration Number   

**2. PROOF OF IDENTITY (PoI)\*** (Please refer instruction **B** at the end)

Officially void document(s) in respect of person authorised to transact

Certificate of Incorporation / Formation           Registration Certificate     Regn. Certificate No.

Memorandum and Articles of Association       Partnership Deed       Trust Deed

Resolution of Board / Managing Committee       Power or 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\*** (Please refer instruction **C** at the end)

**3.2 Local Address in India (If different from Above)\***

Proof of Address\*     Certificate of Incorporation / Formation       Registration Certificate       Other Document \_\_\_\_\_

Line 1\*   

Line 2   

Line 3     City / Town / Village\*   

District     Pin / Post Code\*          State / U.T. Code\*          ISO 3166 Country Code\*   

**3.1 Registered Office Address / Place of Business\***

Line 1\*   

Line 2   

Line 3     City / Town / Village\*   

District     Pin / Post Code\*          State / U.T. Code\*          ISO 3166 Country Code\*   

**4. CONTACT DETAILS** (All communication will be sent to Mobile number / E-mail ID provided may be used) (Please refer instruction **D** at the end)

Tel. (Off)     -       FAX     -

Mobile     -       Email ID   

Mobile     -       Email ID   

**5. NUMBER OF RELATED PERSONS**        (Please refer instruction **E** at the end)



**Details of Promoters / Partners / Karta / Trustees and Whole Time Directors forming a part of Know Your Client (KYC) Application Form for Non-Individuals**

Sr. No.	Name	Relationship with Applicant (i.e. promoters, whole time directors etc.)	PAN	Whether Politically Exposed	Residential / Registered Address	DIN of whole time directors / Aadhaar number of Promoters / Partners / Karta	Photograph
1.				<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO		DIN :  UID :	
2.				<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO		DIN :  UID :	
3.				<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO		DIN :  UID :	
4.				<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO		DIN :  UID :	
5.				<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO		DIN :  UID :	

**PEP:** Politically Exposed Person      **RPEP:** Related to Politically Exposed Person



\_\_\_\_\_  
Name & Signature of the Authorised Signatory(ies)

Date :

## FATCA & CRS Declaration - Individual

*Please seek appropriate advice from your professional tax professional on your tax residency and related FATCA & CRS guidance*

Name														
Place of Birth														
Country of Birth														
Nationality														
Constitute	<input type="checkbox"/> Individual <input type="checkbox"/> NRI <input type="checkbox"/> Foreign National <input type="checkbox"/> Others (Pl. Specify) _____													

Are you a tax resident of any country other than India -     Yes     No

If Yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

S.No.	Country#	Tax Identification Number%	Identification Type <i>(TIN or other, please specify)</i>
1.			
2.			
3.			

# To also include USA, where the individual is a citizen / green card holder of the USA  
 % In case Tax Identification Number is not available, kindly provide its functional equivalent \$

### CERTIFICATION

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

### FATCA & CRS - TERMS & CONDITIONS

Details under FATCA & CRS : The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities / appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account of any proceeds in relation thereto. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e. within 30 days. It is important that you respond to our request, even if you believe you have already supplied any previously requested information.

Date : 

--	--	--	--	--	--	--	--

Place : 

--

--

Signature

<b>Lares Algotech India Private Limited</b>	<b>FATCA &amp; CRS Declaration - Non Individual</b>
---	---

PAN <input style="width:90%;" type="text"/>	Trading Code <input style="width:90%;" type="text"/>	DP Code <input style="width:90%;" type="text"/>
Name <input style="width:95%;" type="text"/>		

Please tick the applicable tax resident declaration -

1. Is "Entity" a tax resident of any country other than India  Yes  No  
*(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)*

Sr. No.	Country	Tax Identification Number <sup>6</sup>	Identification Type (TIN or Other <sup>7</sup> , please specify)
1.			
2.			
3.			

In case Tax Identification Number is not available, kindly provide its functional equivalent.  
 In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here

**PART A** (to be filled by Financial Institutions or Direct Reporting NFEs)

1. We are a, Financial institution <input type="checkbox"/> (Refer 1 of Part C) or Direct reporting NFE <input type="checkbox"/> (Refer 3(vii) of Part C) (please tick as appropriate)	<b>GIIN</b> <input style="width:80%;" type="text"/> Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below Name of sponsoring entity _____ _____ <input type="checkbox"/> <b>Applied for</b> <input type="checkbox"/> Not obtained – Non-participating FI <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category <input style="width:20px;" type="text"/> (Refer 1 A of Part C)
GIIN not available (please tick as applicable)	

**PART B** (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

1. Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market) (Refer 2a of Part C)	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange _____
2. Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market) (Refer 2b of Part C)	Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company _____ Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3. Is the Entity an active NFE (Refer 2c of Part C)	Yes <input type="checkbox"/> Nature of Business _____ Please specify the sub-category of Active NFE <input style="width:20px;" type="text"/> (Mention code – refer 2c of Part C)
4. Is the Entity a passive NFE (Refer 3(ii) of Part C)	Yes <input type="checkbox"/> Nature of Business _____

**UBO Declaration (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)**

**Category (Please tick applicable category):**

<input type="checkbox"/> Unincorporated association / body of individuals	<input type="checkbox"/> Unlisted Company	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Limited Liability Partnership Company
<input type="checkbox"/> Others (please specify _____)	<input type="checkbox"/> Public Charitable Trust	<input type="checkbox"/> Religious Trust	<input type="checkbox"/> Private Trust

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s). *(Please attach additional sheets if necessary)*  
 Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E (Refer 3(vi) of Part C)

Details	UBO1	UBO2	UBO3
Name of UBO			
UBO Code (Refer 3(iv) (A) of Part C)			
Country of Tax residency*			
PAN #			
Address	Zip <input type="text"/> State: _____ Country: _____	Zip <input type="text"/> State: _____ Country: _____	Zip <input type="text"/> State: _____ Country: _____
Address Type	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office
Tax ID %			
Tax ID Type			
City of Birth			
Country of birth			
Occupation Type	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____
Nationality			
Father's Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
Date of Birth	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Percentage of Holding (%) <sup>§</sup>			

\* To include US, where controlling person is a US citizen or green card holder

<sup>†</sup> If UBO is KYC compliant, KYC proof to be enclosed. Else PAN or any other valid identity proof must be attached. Position / Designation like Director / Settlor of Trust / Protector of Trust to be specified wherever applicable.

<sup>‡</sup> In case Tax Identification Number is not available, kindly provide functional equivalent

<sup>§</sup> Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary

**DECLARATION**

I have read and understood the information requirements and the Terms & Conditions mentioned in this Form (read along with FATCA & CRS instructions) and hereby confirm that the information provided by me on this Form is true, correct and complete. I hereby agree and confirm to inform Lares Algotech India Private Limited for any modification to this information promptly.

I further agree to abide by the provisions of the scheme related documents inter alia provisions of FATCA & CRS on Automatic Exchange of Information (AEOI).

Name	
Designation	
Client Signature	<input type="text"/>
Date :	<input type="text"/>
Place :	<input type="text"/>

For Investor convenience, Lares Algotech India Private Limited collecting this mandatory information for updating across all Group Companies of Lares Algotech India Private Limited whether you are already an investor or would become an investor in future.

Please submit the form fully filled, signed, for all the holders, separately, and submit at your nearest Lares Algotech India Private Limited branch or you can dispatch the hard copy to-

**Lares Algotech India Private Limited**  
**Spectrum Metro Mall, Tower A, 1005, 10th Floor, Sector-75, Phase-1, Gautam Buddha Nagar, Noida-201301**

• For Detail Terms & Conditions please visit [www.laresalgotech.com](http://www.laresalgotech.com)



**TRADING ACCOUNT RELATED DETAILS FOR INDIVIDUAL & NON-INDIVIDUAL**

**A. BANK ACCOUNT(S) DETAILS** (Through which transactions shall generally be routed)

Bank Name	Branch Address	Account Number	Account Type	MICR Number	IFSC Code
			<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others - in case of NRI / NRE / NRO		

**B. DEPOSITORY ACCOUNT(S) DETAILS** (Through which transactions shall generally be routed)

Depository Participant Name	Name of Depository	Beneficiary Name	DP ID	Beneficiary ID (BO ID)
	<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL			
	<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL			
	<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL			

**C. TRADING PREFERENCES**

\*Please sign in the relevant boxes where you wish to trade. Please strike off the segment not chosen by you.

Exchanges	NSE & BSE			NSE, BSE & MCX
All Segments	Cash	F&O	Currency	Commodity Derivatives
	<input checked="" type="checkbox"/> 8a	<input checked="" type="checkbox"/> 8b	<input checked="" type="checkbox"/> 8c	<input checked="" type="checkbox"/> 8d
				Date of Consent of Trading on concerned Exchange

If you do not wish to trade in any of segments / Mutual Fund, please mention here \_\_\_\_\_

**D. OTHER DETAILS**

- Gross Annual Income Details :  Below ₹ 1 Lac       ₹ 1 Lac to 5 Lac       ₹ 5 Lac to 10 Lac  
(please specify)       ₹ 10 Lac to 25 Lac       ₹ 25 Lac to 1 Crore       > ₹ 1 Crore
- Net Worth (Net worth should not be older than 1 year) Amount Rs.....  
as on (date)           (Compulsory for Non-Individuals)
- Occupation (please tick any :  Private Sector  Public Sector  Government Service  Business  Professional  
one and give brief details)       Agriculturist  Retired  Housewife  Student  Others \_\_\_\_\_ Please Specify
- Please tick, if applicable (Note : In case of Non-individuals please tick, if applicable for any of your authorised signatories/  
Promoters/Partners/Karta/Trustees/whole time directors) :  
 Politically Exposed Person (PEP)       Related to Politically Exposed Person (RPEP)  
 Not a Politically Exposed Person (PEP)       Not Related to Politically Exposed Person (RPEP)
- Any other information : .....

**E. DEALING THROUGH AUTHORISED PERSON AND OTHER STOCK BROKERS**

If client is dealing through the Authorised Person, provide the following details :

Name of the Authorised Person :.....  
 Authorised Person SEBI Regn. No. :.....  
 Authorised Person's Address :.....  
 Authorised Person's Phone/Fax No. :.....  
 Authorised Person's Website :.....

**Whether dealing with any other stock broker / Authorised Person (In case dealing with multiple stock brokers / Authorised Person, please provide details of all)**

Name of the stock broker :.....  
 Name of Authorised Person (If any) :.....  
 Client Code (UCC) :.....  
 Exchange :.....

Details of disputes / dues pending from / to such stock broker / Authorised Person  
 (Please Specify)

**F. PAST ACTIONS**

Details of any action/proceedings initiated/pending/ taken by SEBI/ Stock exchange/any other authority against the applicant/constituent or its Partners/promoters/whole time directors/authorized persons in charge of dealing in securities during the last 3 years :

.....  
 .....

**G. ADDITIONAL DETAILS**

Whether you wish to receive physical contract note or Electronic Contract Note (ECN) (please specify) :

.....

Specify your Email id, if applicable : .....

Whether you wish to avail of the facility of internet trading/ wireless technology (please specify) :

.....

Number of years of Investment/Trading Experience:  0  1-3  3-5  5-10  >10

**H. GST DETAILS (As applicable, Statewise)**

Legal Name			
Trade Name			
GSTIN		Registration Date	
Name of the State		State Code	
Other State GSTIN		Registration Date	
Name of the State		State Code	

**MANDATORY DOCUMENT**

**I. CATEGORIZATION IN COMMODITIES DERIVATIVES SEGMENTS**

Categories	Product Types				
<input type="checkbox"/> Farmer / FPOs	<input type="checkbox"/> Bullions	<input type="checkbox"/> Base Metal	<input type="checkbox"/> Energy	<input type="checkbox"/> Agri Commodities	<input type="checkbox"/> All
<input type="checkbox"/> Value Chain Participants (VCPs)	<input type="checkbox"/> Bullions	<input type="checkbox"/> Base Metal	<input type="checkbox"/> Energy	<input type="checkbox"/> Agri Commodities	<input type="checkbox"/> All
<input type="checkbox"/> Foreign Participant	<input type="checkbox"/> Bullions	<input type="checkbox"/> Base Metal	<input type="checkbox"/> Energy	<input type="checkbox"/> Agri Commodities	<input type="checkbox"/> All
<input type="checkbox"/> Domestic Financial Institutional Investor	<input type="checkbox"/> Bullions	<input type="checkbox"/> Base Metal	<input type="checkbox"/> Energy	<input type="checkbox"/> Agri Commodities	<input type="checkbox"/> All
<input type="checkbox"/> Proprietary Traders	<input type="checkbox"/> Bullions	<input type="checkbox"/> Base Metal	<input type="checkbox"/> Energy	<input type="checkbox"/> Agri Commodities	<input type="checkbox"/> All
<input type="checkbox"/> Other (Specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**J. INTRODUCER DETAILS**

Name of the Introducer : .....  
 (Surname) (Name) (Middle Name)

Status of the Introducer :  Sub Broker  Remisier  Auth. Person  Existing Client  Others \_\_\_\_\_

Address and Ph. No. of the Introducer : .....  
 .....Sign. of the Introducer.....

Sub-broker's Name : .....

SEBI Registration number : .....

**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 www.laresalgotech.com

Place \_\_\_\_\_

Date \_\_\_\_\_



Signature of Client

**FOR OFFICE USE ONLY**

UCC Code allotted to the Client | | | | | | | | | |

	Documents verified with Originals	Client Interviewed By	In-Person Verification done by
Name of the Employee			
Employee Code			
Designation of the Employee			
Date	-   -	-   -	-   -
Signature			

## NOMINATION FORM

**[Annexure A to SEBI Circular No. SEBI/HO/MIRSD/RTAMB/CIR/P/2021/601 dated July 23, 2021  
on Mandatory Nomination for Eligible Trading and Demat Accounts]**

DATE	D	D	M	M	Y	Y	Y	Y	UCC						
------	---	---	---	---	---	---	---	---	-----	--	--	--	--	--	--

I/We wish to make a nomination.  
[As per details given below]

<b>Nomination Registration No.</b>	<b>Dated</b>

### NOMINATION DETAILS


I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my/our account in the event of my/our death.

Nomination can be made upto three nominees in the account	Details of 1st Nominee	Details of 2nd Nominee	Details of 3rd Nominee
1. Name of the nominee(s) Mr./Ms.)			
2. Share of each Nominee	Equally [If not equally, please specify percentage]  %	%	%
<i>Any odd lot after division shall be transferred to the first nominee mentioned in the form.</i>			
3. Relationship with the Applicant (if any)			
4. Address of Nominee(s) City / Place State / Country  PIN Code			
5. Mobile/Telephone No. of Nominee(s)			
6. Email ID of nominee(s)			
7. Nominee Identification details - [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> AADHAAR <input type="checkbox"/> Saving Bank A/c No. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID			

**Sr. Nos. 8-14 should be filled only if nominee(s) is a minor :**

8. Date of Birth {in case of minor nominee(s)}			
9. Name of Guardian (Mr./Ms.) {in case of minor nominee(s)}			
10. Address of Guardian(s) City / Place State / Country  PIN Code			

11.	Mobile/Telephone No. of Guardian			
12.	Email ID of nominee(s)			
13.	Relationship of Guardian with nominee			
14.	Guardian Identification details - [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> AADHAAR <input type="checkbox"/> Saving Bank A/c No. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID			

Holder	Name	Signature
Sole / First Holder / Guardian (Mr./Ms.) (in case of Minor)		
Second Holder		
Third Holder		

\*Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature.

**Note :**

This Nomination shall supersede any prior nomination made by the account holder(s), if any.

The Trading Member / Depository Participant shall provide acknowledgement of the nomination form to the account holder(s).

### DECLARATION FORM FOR OPTING OUT OF NOMINATION

Dated \_\_\_\_\_

UCC								
DP ID								
Client ID (Only for Demat Account)								
Sole/First Holder Name								
Second Holder Name								
Third Holder Name								

I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our trading / demat account 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 / information for claiming of assets held in my / our trading / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the trading / demat account.



.....  
First/Sole Holder Signature

.....  
Second Holder Signature

.....  
Third Holder Signature

**DISCLOSURE OF PROPRIETARY TRADING BY LARES ALGOTECH INDIA PVT. LTD.**

Dear Client,

In term of SEBI circular No. SEBI/MRD/SEC/Cir-42/2003 dated 19th November, 2003, member is required to disclose to its client about the proprietary trades.

In view of this circular, we wish to inform you that, we do proprietary trades in the Cash, F&O, Currency and Commodity Derivatives Segment of NSE, BSE & MCX.

Kindly take note of the above & oblige.



\_\_\_\_\_  
Sole / First Applicant Signature

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

**PMLA - DECLARATION**

I \_\_\_\_\_ having the trading code no. \_\_\_\_\_ with LAIPL confirm and declare that I have read and understood the contents and the provisions of the PMLA Act, 2002 and it was also explained by LAIPL official. I further declare that I shall adhere to the rules and regulations and requirements mentioned in the PMLA Act, 2002.



\_\_\_\_\_  
Sole / First Applicant Signature

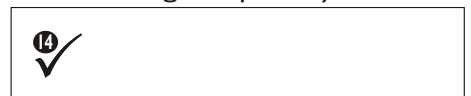
Risk Category :  Low  Medium  High

**BROKERAGE STRUCTURE**

EQUITY SEGMENT				
Brokerage Slab		Slab in %	Minimum per Share	
Delivery Based	<input type="checkbox"/> Each Side <input type="checkbox"/> Single Side			
Square Off	<input type="checkbox"/> Each Side <input type="checkbox"/> Single Side			
F & O SEGMENT				
Brokerage Slab		Slab in %	Minimum per Share / Lot	
Future	<input type="checkbox"/> Each Side <input type="checkbox"/> Single Side			
Options	<input type="checkbox"/> Each Side <input type="checkbox"/> Single Side			
CURRENCY DERIVATIVES SEGMENT				
Brokerage Slab		Slab in %	Minimum Brokerage per Lot	
Future	<input type="checkbox"/> Each Side <input type="checkbox"/> Single Side			
Options	<input type="checkbox"/> Each Side <input type="checkbox"/> Single Side			
COMMODITY DERIVATIVES SEGMENT				
	FUTURES		OPTIONS	
	Percentage	Min. Paisa / Per Lot	Percentage	Min. Paisa / Per Lot
Square off same day				
Carry Forward				
Delivery				

Note:

- Transaction & Clearing Charges, Stamp duty, GST, SEBI Fee, STT, CTT, and all legal levies as may applicable from time to time shall be charged separately in addition to the brokerage.
- Late payment penalty @18% p.a. calculated on daily overdue balance shall be charged till actual realisation.
- In case an internet trading terminal is provided, connectivity charges @Rs. \_\_\_\_\_/- per month or \_\_\_\_\_% of turn over shall be charged separately.
- Charges/ service standards are subject to revision at sole discretion of Lares Algotech India Private Limited
- Charges quoted above are for the services listed. Any service not quoted above will be charged separately.
- Minimum processing fees of Rs. 20/- will be charged for each day of trade.



Signature of Client

To,

**Lares Algotech India Private Limited****Member : NSE, BSE & MCX**Spectrum Metro Mall, Tower A, 1005, 10th Floor, Sector-75,  
Phase-1, Gautam Buddha Nagar, Noida-201301

Date \_\_\_\_\_

Dear Sir,

I \_\_\_\_\_ a client code \_\_\_\_\_ with member M/S. **Lares Algotech India Private Limited** of **NSE / BSE / MCX** Exchange undertakes as follows:

- I am aware that the member has to provide physical contract note in respect of all the trades placed by me unless I myself want the same in the electronic form.
- I am aware that the member has to provide electronic contract note for my convenience on my request only.
- Though the member is required to deliver physical contract note, I find that it is inconvenient for me to receive physical contract notes. Therefore, I am voluntarily requesting for delivery of electronic contract note pertaining to all the trades carried out/ ordered by me.
- I have access to a computer and am a regular internet user, having sufficient knowledge of handling the email operation.
- My email id is\* \_\_\_\_\_. This has been created by me and not by someone else.
- I am aware that non-receipt of bounced mail notification by the member shall amount to delivery of the contract note at the above e-mail ID.
- I/We am/are aware that this authorisation can be revoked any time by giving a notice in writing.

The above declaration and the guidelines on ECN given in the Annexure have been read and understood by me. I am aware of the risk involved in dispensing with the physical contract note, and do hereby take full responsibility for the same.

Signature of Client  \_\_\_\_\_

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

**RUNNING ACCOUNT AUTHORISATION**

To,

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

**Lares Algotech India Private Limited**Spectrum Metro Mall, Tower A, 1005, 10th Floor, Sector-75,  
Phase-1, Gautam Buddha Nagar, Noida-201301**Sub : Running Account Authorisation**

I/We are dealing through you as a client in Capital Market / Future & Option Segment / Currency Segment / Commodity Segment and/or Interest Rate Future Segment & in order to facilitate ease of operations and upfront requirement or margin for trade.

I/We authorize you as under:

1. I/We request you to maintain running balance in my account & retain the credit balance in any of my/our account and to use the unused funds towards my/our margin/pay-in/other future obligation(s) of any segment(s) of any or all the Exchange(s)/Clearing Corporation unless I/We instruct you otherwise.
2. I/We request you to settlement of my fund after making necessary retention as per frequency option given below:-  
 Once in a calender Month                       Once in every calender Quarter  
 except the funds given towards collaterals/margin in form of Bank Guarantee and/or Fixed Deposit Receipt.
3. I/We confirm you that I/We shall bring to your notice any dispute arising from the statement of account or settlement so made in writing preferably within 7 working days from the date of receipt of funds/securities or statement of account or statement related to it, as the case may be at your registered office.
4. This Running account authorization would continue until it is revoked by me by giving a notice in writing.

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**LETTER OF AUTHORITY**

To,

**Lares Algotech India Private Limited**

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

Spectrum Metro Mall, Tower A, 1005, 10th Floor, Sector-75,  
Phase-1, Gautam Buddha Nagar, Noida-201301

**Sub : Letter of Authority**

I/We am/are dealing in shares/securities/commodities with you in various exchange segments and in order to facilitate ease of operations. We authorize you as under :

**1. Delivery of order/trade confirmation/cancellation :**

I/We hereby authorize you not to provide me / us order confirmation / Modification / Cancellation Slips and Trade Confirmation slips to avoid unnecessary paper work. I/we shall get the required details from contract notes and confirmation issued by you.

**2. Telephonic Conversation :**

I/We request you to consider my/our telephonic instructions for order placing/order modification/order cancellation as a written instruction and give us all the confirmation on telephone unless instructed otherwise in writing. I/We am/are getting required details from contracts issued by you.

**3. Set off of outstanding:**

I/We authorize you to set off outstanding in any of my / our accounts against credits available or arising in any other accounts maintained with you irrespective of the fact that such credits in the accounts may pertain to transactions in any segment of the Exchange and / or against the value of cash margin or collateral shares provided to you by me / us. I further authorise you to debit the financial charges @ 18% per annum of the outstanding debit balance, if any, in my account and not settled as per the exchange requirement.

**4. Charges & Balance Maintenance :**

I/We have a Trading As well as depository relationship with Lares Algotech India Private Limited Please debit the charges relevant with depository services from my/our trading account on monthly basis. I/We also agree to maintain the adequate balance in my/our trading account / pay adequate advance fee for the said reason.

**5. Authority for intimation**

I/ we shall authorise you to send SMS and email to registered email/ mobile no. in respect of my Trading and Demat account.

**6. Facsimile Authorisation**

During the operation of my trading I may require to place order instructions through Fax/Scan, I therefore authorise you to honor the instruction and orders send through Fax/Scan copy send by me/ us.

**7. I/We have been explained that I/We may not opt to give any of the above authorisation and that the above authorisations are voluntary on my/our part and that I/We can revoke this authorisation at any point of time during the operation of my/our trading account with you by giving you a notice in writing.**

**For and On Behalf of Constituent**

Thanking you,

Yours faithfully

 \_\_\_\_\_

**REQUEST FOR TRADING IN COMMODITY FORWARD CONTRACTS / COMMODITY DERIVATIVES ON MCX**

To,

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

**Lares Algotech India Private Limited**

Spectrum Metro Mall, Tower A, 1005, 10th Floor, Sector-75,  
Phase-1, Gautam Buddha Nagar, Noida-201301

Dear Sir,

**Subject : My / Our request for trading in commodity forward contracts / commodity derivatives on MCX as your client**

I/We, the undersigned, have taken cognizance of circular no. MCX/338/2006 dated August 21, 2006 issued by the Multi Commodity Exchange of India Ltd. (MCX) on the guidelines for calculation of net open positions permitted in any commodity and I/we hereby undertake to comply with the same.

I/We hereby declare and undertake that we will not exceed the position limits as may be prescribed from time to time by MCX or Forward Markets Commission and such position limits will be calculated in accordance with the contents of above stated circular of MCX as modified from time to time.

I/We undertake to inform you and keep you informed if any of our partners/directors/karta/trustee or any of the partnership firms/companies/HUF's/Trusts in which I or any of above such person is a partner/ director/karta/trustee, takes or holds any position in any commodity forward contract/commodity derivative on MCX through you or through any other member(s) of MCX to enable you to restrict our position limit as prescribed by the above referred circular of MCX as modified from time to time.

I/We confirm that you have agreed to enter orders in commodity forward contracts/commodity derivatives for me/us as your clients on MCX only on the basis of our above assurances and undertaking.

Yours faithfully

\_\_\_\_\_  
Sole Proprietor/Partner/Director/Karta/Trustee

**DECLARATION, INDEMNITY CUM UNDERTAKING FOR NAME DISCREPANCY IN PAN CARD, BANK PROOF & ADDRESS PROOF**

To,

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

**Lares Algotech India Private Limited**Spectrum Metro Mall, Tower A, 1005, 10th Floor, Sector-75,  
Phase-1, Gautam Buddha Nagar, Noida-201301

I \_\_\_\_\_ s/o, w/o, d/o \_\_\_\_\_  
\_\_\_\_\_, refer to my Trading Account  
\_\_\_\_\_ with Lares Algotech India Private Limited (LAIPL) do hereby affirm,  
declare and undertake that

1. That my name as it appears on my Pan Card is \_\_\_\_\_
2. That my name as it appears on the Income Tax website is \_\_\_\_\_
3. Additional ID Proof \_\_\_\_\_
4. That my name as it appears on the Address proof is \_\_\_\_\_
5. That my name as it appears on the Bank Proof is \_\_\_\_\_
6. That above mentioned names, on Trading account, Tax website, Address proof, PAN Card No. \_\_\_\_\_ and Bank account bearing no. \_\_\_\_\_ are mine alone.
7. That I hereby request LAIPL to maintain my name in Demat and Trading account as per the name appearing on the website/ PAN card.
8. That I promise and undertake to get my PAN card altered in accordance with my name as appearing on the Income tax within 45 days from the date of signing this undertaking. LAIPL may, at its sole discretion, terminate my trading and demat account in the event of me not getting my name altered within 45 days of signing this undertaking.
9. That I further undertake to open a bank account in accordance with the name as appearing on the Income Tax website week from the date of signing this undertaking.
10. I further undertake that in case my name has been changed after approval from government authorities and notification gazette. I shall get the name change effected in PAN, Bank account etc. and furnish immediately to LAIPL.
11. That I further declare that I am responsible and I shall indemnify & keep indemnified LAIPL, its directors, officers, employees, agents from and against any and all losses, claims, liabilities, obligations, damages, deficiencies, judgements, action proceedings arising out or in relation to corporate benefits, IPO refund, Foreign Exchange Management Act (FEMA) transfer, dematerialization of securities, rematerialization of securities, dividends, interest etc., that may arise out Declaration-cum- undertaking and/or acting on this basis.

That the contents of this declaration, Indemnity-cum-undertaking have been explained to me in vernacular and I have understood before signing it. That this declaration, Indemnity-cum-undertaking given by me to AFPL is by my absolute free will and not by coercion, undue influence, pressure etc., and at present I am having sound health and mind.

 \_\_\_\_\_

**DECLARATION W.R.T. E-MAIL ID AND MOBILE NUMBER**

To,

**Lares Algotech India Private Limited**

Spectrum Metro Mall, Tower A, 1005, 10th Floor, Sector-75,  
Phase-1, Gautam Buddha Nagar, Noida-201301

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

UCC : \_\_\_\_\_

**Subject : Declaration W.R.T. Email Id and Mobile Number**

Dear Sir

W.r.t. to my / our trading account bearing UCC: \_\_\_\_\_

1. Please note that my / our Email ID as given in the KYC form is \_\_\_\_\_.

The said Email ID belong to  Self  Spouse  Family Members

2. Please note that my / our Mobile No. as given in the KYC form is \_\_\_\_\_.

The said Mobile No belong to  Self  Spouse  Family Members



\_\_\_\_\_  
(Client Signature)

Client Name : \_\_\_\_\_

**FOR OFFICE USE ONLY**

Branch Code :	Group Code :
Sub Branch :	Intro Code :

Tele Verification :
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CKYC Reference No.:	KYC Reference No.:
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I.	CHECKING DETAILS	REMARKS
a)	Name as it appears on the ID & Address Proof (in capital letter)	
b)	Signature of Client on all pages and wherever necessary (Witness wherever required) <input type="checkbox"/>	
c)	Signature Checked and Verified.	
d)	Photograph (duly signed) <input type="checkbox"/>	
e)	A copy of PAN Card (Self Attested) <input type="checkbox"/>	
f)	Address Proof (Self Attested) <input type="checkbox"/>	
g)	Bank Proof containing Client Name (Self Attested) <input type="checkbox"/>	
h)	Demat Account Proof (Self Attested) <input type="checkbox"/>	
2.	<b>Cross Checking done by</b> TM _____ DP _____	
3.	<b>Details Punched in Computer by</b> TM _____ DP _____	
4.	<b>UCC UPLOADED :</b> <input type="checkbox"/> NSE Cash <input type="checkbox"/> NSE F&O <input type="checkbox"/> NSE Currency <input type="checkbox"/> NSE Commodity <input type="checkbox"/> BSE Cash <input type="checkbox"/> BSE F&O <input type="checkbox"/> BSE Currency <input type="checkbox"/> MCX Commodity	
5.	<b>Client Instruction Book issued by</b>	
6.	<b>Client Account Status Report issued by</b>	
	<div style="border: 1px solid black; border-radius: 15px; padding: 5px;">           DETAILS VERIFIED FROM UNSC LIST &amp; SEBI DEBARRED ENTITY LIST         </div>	
	Signature	



**ACKNOWLEDGEMENT**

**Lares Algotech India Private Limited**

Spectrum Metro Mall, Tower A, 1005, 10th Floor, Sector-75,  
Phase-1, Gautam Buddha Nagar, Noida-201301

Received the application from Mr/Ms \_\_\_\_\_ as the sole/first holder alongwith  
\_\_\_\_\_ and \_\_\_\_\_ as the second  
and third holders respectively for opening of a depository account. Please quote the DP ID & Client ID allotted to you in all your  
future correspondence.

Date : 

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**Participant Stamp & Signature**