

LARES ALGOTECH

Member: NSE, BSE & MCX

Depository: NSDL



CLIENT REGISTRATION FORM

FORM NO: _____

FILE NO: _____

BRANCH: _____

AP CODE: _____

CLIENT NAME: _____

CLIENT CODE: _____

DP ID: IN304844 CLIENT ID: _____

DATE: _____

TRADING ☐ DEMAT ☐ BOTH ☐

TRADING & DEMAT ACCOUNT (NSDL) INDIVIDUAL



LARES ALGOTECH INDIA PRIVATE LIMITED

CIN : U66120DL2023PTC415426

Member : NSE (CM/F&O/Currency/Commodity Derivatives Segment) Member ID : 90367

Member : BSE (CM/F&O/Currency) Member ID : 6892

Member : MCX (Commodity Derivatives Segment) Member ID : 57310

SEBI Regn No. (NSE/BSE/MCX) INZ000316732

DP : NSDL, DP ID IN304844

SEBI Regn No. IN-DP-815-2025

Registered Office : 460, 3rd Floor, Kondli Gharoli, Mayur Vihar, Phase III, Delhi
-110096, Tel.: +91-11-4957452

Corporate Office : Spectrum Metro Mall, Tower A, 1005, 10th Floor, Sector 75, Phase 1,
Gautam Buddha Nagar, Noida- 201301, Tel.: +91-120-6335981

E-mail : info@laresalgotech.com, **website :** www.laresalgotech.com

CEO Details:

Name : MAYA SHARAN SINGH

Phone No : 9540939499

E-mail Id : mssingh@laresalgotech.com

Compliance Officer Details:

Name : RAVINDRA PAL

Phone No : 9289529410

E-mail Id : ravindrapal@laresalgotech.com

Details of Clearing Member :

Name : Globe Derivatives And Securities Limited

Address : 609, Ansal Bhawan, 16 Kasturba Gandhi Marg, New Delhi - 110001, Tel.: +91-1123316916-20

Member : NSE (CM/F&O/Currency/Commodity Derivatives Segment) Clearing ID : M70073

Member : BSE (CM/F&O/Currency) Clearing ID : M70073

Member : MCX (Commodity Derivatives Segment) Clearing ID : 9650

SEBI Regn No. (NSE/BSE/MCX) INZ000312637

For any grievance/dispute please contact LARES ALGOTECH INDIA PVT. LTD. at the above address or email id- complaint@laresalgotech.com and Phone No. +91-0120-6335981. 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.	iscdelhi@bseindia.com	022-22728517
Multi Commodity Exchange of India Ltd.	grievance@mcxindia.com	022-67318888
National Securities Depository Limited	relations@nsdl.com	1800222990

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

A. Register on SCORES portal

B. Mandatory details for filing complaints on SCORES: i.e. Name, Pan, Address, Mobile Number, Email ID

C. Benefits:

i. Effective communication ii. Speedy redressal of the grievances

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.	1-2
		B. FATCA & CRS Declaration	3
		C. Document captures the additional information about the constituent relevant to trading account.	4-6
2.	Disclosure & Declaration	Proprietary trading disclosure and PMLA declaration	7
3.	Brokerage Structure	Document detailing the rate / amount of brokerage and other charges levied on the client for trading on the stock exchange(s)	7
4.	MITC	Most important terms and conditions for non-custodial settled trading account	8
5.	Rights and Obligations	Document stating the Rights & Obligations of Stock Broker/ Commodity Broker/Depository Participant/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
6.	Risk Disclosure Document (RDD)	Document detailing risks associated with dealing in the securities/ commodities market.	
7.	Guidance Note	Documents detailing do's and don'ts for trading on exchange, for the education of the investors.	
8.	Policies and Procedures	Document describing significant policies and procedure of the Stock Broker / Commodity Broker.	
9.	Freezing & Unfreezing	Voluntary freezing & unfreezing of the online trading account	

VOLUNTARY DOCUMENTS AS PROVIDED BY THE STOCK BROKER

S.No.	Name of the Document	Brief Significance of the Document	Page No.
1.	Electronic Communication	For authorising the trading member to send Electronic Contract Notes.	9
2.	Running Account Authorisation	Helps the client to enjoy exposures linked to the credit in the trading account.	10
3.	Letter of Authority	Authorisation for smooth functioning of Trading A/c.	11
4.	Commodity contracts limit declaration	Request for Trading in Commodity Forward Contracts/ Commodity Derivative on MCX.	12
5.	Declaration	Declaration for Name Discrepancy in PAN Card, Bank Proof & Address Proof.	13
6.	Nomination Form	Document detailing the rights of the nominee after the demise of the client.	14-15
7.	Nominee Opt-Out Form	Declaration of not appointing any nominee for trading & Demat account benefits.	16
8.	NSDL Form (Individual)	Where the client wishes to open a demat account with us as NSDL DP.	17-21

Note: You may also download KYC form & other formats of documents from our website www.laresalgotech.com

CLIENTS OPTION FOR RECEIVING DOCUMENTS

To,

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. Right and Obligations of Beneficial Owner and Depository Participant as prescribed by SEBI & Depositories.
6. 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,

First / Sole Holder Signature	Second Joint Holder Signature (only for DP account)	Third Joint Holder Signature (only for DP account)
		

ACKNOWLEDGEMENT FROM CLIENT FOR RECEIPT OF PHYSICAL DOCUMENTS

To,

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. Right and Obligations of Beneficial Owner and Depository Participant as prescribed by SEBI & Depositories.
6. 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,

First / Sole Holder Signature	Second Joint Holder Signature (only for DP account)	Third Joint Holder Signature (only for DP account)
		

☐ 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 -

I hereby declare that the above mention Mobile number belong to ☐ Me or ☐ My family (☐ Spouse ☐ Dependent Children ☐ Dependent Parents)

Email ID

I hereby declare that the above mention email Id belong to ☐ Me or ☐ My family (☐ Spouse ☐ Dependent Children ☐ Dependent Parents)

☐ 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

Date

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name **LALES ALGOTECH INDIA PRIVATE LIMITED**

Code **IN8240**

[Institution Stamp]

FATCA & CRS Declaration - Individual

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

PAN / PEKRN*				Constitute <input type="checkbox"/> Individual <input type="checkbox"/> NRI <input type="checkbox"/> Foreign National <input type="checkbox"/> Others_____
Name				
Address Type <i>[for KYC address]</i>	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> US <input type="checkbox"/> Others <i>(please specify)</i>	
Place of Birth			Country of Birth	
Gross Annual Income Details in INR	<input type="checkbox"/> Below 1 Lakh <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Cr <input type="checkbox"/> > 1 Crore	Occupation Details [Please tick any one (✓)]	<input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others [Please specify]_____	
Net Worth in INR. In Lacs & Date <i>[Optional]</i>	_____ dd-mm-yyyy			
Politically Exposed Person [PEP]	<input type="checkbox"/> Yes <input type="checkbox"/> Related to PEP <input type="checkbox"/> Not Applicable	Any Other Information <i>[if applicable]</i> (please 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:

--

4 ✓

Signature of Client

TRADING ACCOUNT RELATED DETAILS FOR 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"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> Other _____		
			<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> Other _____		

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)							
Lares Algotech India Pvt. Ltd	<input checked="" type="checkbox"/> NSDL <input type="checkbox"/> CDSL		I	N	3	0	4	8	4	4										
	<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 & MCX
All Segments	Cash	F&O	Currency	Commodity Derivatives
	5 ✓	6 ✓	7 ✓	8 ✓

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 one and give brief details) :
 ☐ Private Sector
 ☐ Public Sector
 ☐ Government Service
 ☐ Business
 ☐ Professional
☐ 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	

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"/> Bullions	<input type="checkbox"/> Base Metal	<input type="checkbox"/> Energy	<input type="checkbox"/> Agri Commodities	<input type="checkbox"/> All

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

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.

10 ✓

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.

11 ✓

Sole / First Applicant Signature

Risk Category : ☐ Low ☐ Medium ☐ High

BROKERAGE STRUCTURE

EQUITY SEGMENT			
Brokerage Slab		Slab in %	Minimum per Share
Delivery Based			
Square Off			

F & O SEGMENT			
Brokerage Slab		Slab in %	Minimum per Share / Lot
Future			
Options			

CURRENCY DERIVATIVES SEGMENT			
Brokerage Slab		Slab in %	Minimum Brokerage per Lot
Future			
Options			

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.

12 ✓

Signature of Client

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.



Signature of Client

ELECTRONIC CONTRACT NOTE (ECN) DECLARATION**Annexure-A**

To,

Lares Algotech India Private Limited**Member : NSE, BSE & MCX**

Date _____

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

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 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.

_____
Signature of Client

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 subject to availability of balance. 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



Signature of Client

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



Signature of Client

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

To, _____ Date : _____

Lares Algotech India Private LimitedSpectrum 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.



Signature of Client

NOMINATION FORM

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

I/We hereby nominate the following persons(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 (%)**	Relationship	Postal Address	Mobile No. & E-mail	Identity Number ***	D.O.B.	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 No.
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. Any odd lot after division / fraction of %, shall be transferred to the first nominee mentioned in the nomination form. (see table in 'Transmission aspects').

*** Provide only number: PAN or Driving Licence or Aadhaar (last 4). Copy of the document is not required. However, in case of NRI / OCI / PIO, Passport number is acceptable.

**** 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 or statement of account, 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. _____. (Optional) (strike off portions that are not relevant)

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

4) Signature(s) – As per the mode of holding in demat account(s) / MF folio(s)

Name(s) of holder(s)		Signature(s) of holder / thumb impression	Signature of two witnesses*	Name of Witness & Address (wherever applicable)*
Sole / First Holder (Mr./Ms.)				
Second Holder (Mr./Ms.)				
Third Holder (Mr./Ms.)				

* 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, at any point of time and not just during opening of account / folio. This mandate can be changed any time you choose.
- The signatories for this nomination form shall be as per mode of holding in the folio(s) / demat account(s) i.e.
 - ‘Either or Survivor’ Folios / Accounts - any one of the holder can sign
 - ‘First holder’ Folios / Accounts - only First holder can sign
 - ‘Jointly’ Folios / Accounts - all 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.
- In case of a joint account / folio, for transmission to the surviving joint holder(s) by name deletion, the surviving joint holder(s) shall have the option to update residential address(es), mobile number(s), email address(es), bank account detail(s), annual income and nominee(s), either along with transmission or at a later date. The regulated entity cannot seek KYC documents at the time of transmission, unless it was sought earlier but not provided by the holder.

- 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%

DECLARATION FORM FOR OPTING OUT OF NOMINATION

To,

Lares Algottech India Private Limited

Dated _____

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

UCC								
DP ID	I	N	3	0	4	8	4	4
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

APPLICATION FOR OPENING DEPOSITORY ACCOUNT - INDIVIDUAL

NSDL

Lares Algotech India Private Limited (DP ID : IN304844)

Client ID

(To be filled by the Depository Participant)

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

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

I/We request you to open a depository account in my/our name as per following details : (Please fill all the details in CAPITAL/BLOCK LETTERS only)

Date	D	D	M	M	Y	Y	Y	Y
-------------	---	---	---	---	---	---	---	---

A. DETAILS OF ACCOUNT HOLDER(S)

Account Holder(s)	Sole/First Holder	Second Holder	Third Holder
Name			
UCC		Exchange : National Stock Exchange of India Ltd. (90367) Bombay Stock Exchange Ltd. (6892)	
PAN			
Occupation (Please tick any one and give brief details)	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (Pl. Specify)	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional
Brief Details			

B. For Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name & PAN of the Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned below:

Name		Pan	
-------------	--	------------	--

C. TYPE OF ACCOUNT

<input type="checkbox"/> Ordinary Resident	<input type="checkbox"/> NRI-Repatriable	<input type="checkbox"/> Margin	<input type="checkbox"/> Promoter
<input type="checkbox"/> Qualified Foreign Investor	<input type="checkbox"/> NRI-Non Repatriable	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Others (Specify) _____

D. GROSS ANNUAL INCOME DETAILS

Income Range per annum (please tick any one)			
<input type="checkbox"/> Below ₹ 1 Lac	<input type="checkbox"/> ₹ 1 - 5 Lac	<input type="checkbox"/> ₹ 5 Lac - 10 Lac	<input type="checkbox"/> ₹ 10 Lac - 25 Lac
<input type="checkbox"/> Above ₹ 25 Lac			

E. IN CASE OF NRIs/FOREIGN NATIONALS/FIIs/OTHERS (as may be applicable)

RBI Approval Reference Number		RBI Approval Date	D	D	M	M	Y	Y	Y	Y
-------------------------------	--	-------------------	---	---	---	---	---	---	---	---

F. BANK DETAILS

1. Bank Account Type	<input type="checkbox"/> Saving A/c <input type="checkbox"/> Current A/c <input type="checkbox"/> Other (Pl. Specify) _____		
2. Bank Account Number			
3. Bank Name			
4. Branch Address			
	City/Town/Village	Pin Code	
	State	Country	
5. MICR Code			
6. IFSC			

G.	Please tick, if applicable : <input type="checkbox"/> Politically Exposed Person (PEP)	<input type="checkbox"/> Related to Politically Exposed Person (RPEP)
-----------	--	---

H. STANDING INSTRUCTIONS

1.	I/We authorise you to receive credits automatically into my/our account	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Account to be operated through Power of Attorney (PoA)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	SMS Alert facility : <i>[Mandatory if you are giving Power of Attorney (PoA). Ensure that the mobile number is provided in the KYC Application Form]</i>		
	Sr. No.	Holder	Yes
	1.	Sole / First Holder	<input type="checkbox"/>
	2.	Second Holder	<input type="checkbox"/>
	3.	Third Holder	<input type="checkbox"/>
4.	Mode of Receiving Statement of Account (Tick any one)	<input type="checkbox"/> Physical Form <input type="checkbox"/> Electronic Form (Read Note 4 and ensure that email ID is provided in KYC Application Form)	
5.	For Joint Accounts communication to be sent to (See note 5)	<input type="checkbox"/> First Holder <input type="checkbox"/> All Joint Account Holder	
6.	Mode of Receive Annual Reports, AGM Notices, and Other Communications from Issuers & RTA's	<input type="checkbox"/> Physical Form <input type="checkbox"/> Electronic Form (Read Note 4 and ensure that email ID is provided in KYC Application Form)	

I. GUARDIAN DETAILS (where sole holder is a minor)

[For account of a minor, two KYC Application Forms must be filled i.e. one for the guardian and another for the minor (to be signed by guardian)]											
Guardian Name											
PAN											
Relationship of Guardian with Minor											




J.	Nomination Option (Tick Anyone) <small>(Details are provided as form prescribed by SEBI)</small>	<input type="checkbox"/> I/We wish to make a nomination.	<input type="checkbox"/> I/We do not wish to make a nomination.
-----------	---	--	---

K. MODE OF OPERATIONS FOR JOINT ACCOUNTS

<input type="checkbox"/> Jointly	<input type="checkbox"/> Anyone of the holder or survivor(s)
If Mode of operation for Joint Account is chosen as anyone of the holder or survivor(s), only specified operations such as transfer of securities including Inter-Depository Transfer, Pledge / hypothecation / margin pledge / margin re-pledge (creation, closure and invocation and confirmation thereof as applicable) of securities and freeze/unfreeze of account and/or securities and/or specific number of securities will be permitted.	

DECLARATION

The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read by me/us and I/we have understood the same and I/we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. 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. In case non-resident account, I/we also declare that I/we have complied and will continue to comply with FEMA regulations. I/we acknowledge the receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant".

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

PRICE STRUCTURE FOR BENEFICIARY ACCOUNT

Particulars	Scheme A <input type="checkbox"/>	Scheme B <input type="checkbox"/>	BSDA <input type="checkbox"/>
1. A/c Opening Charges	Nil	Nil	Nil
2. Stamp Paper Cost (for POA Agreement)	As Actual	As Actual	As Actual
3. Annual Maintenance Charge Individual	Rs. 299/- P.A.	Rs. 999/- for Lifetime	In case value of holding is less than Rs. 4,00,000/- : NIL In case value of holding is more than Rs. 4,00,000/- but less than Rs. 10,00,000/- Rs. 100/- AMC Charge As applicable in Scheme A or B as opted by the Client In case value of holding is more than Rs. 10,00,000/-
4. Annual Maintenance Charge Non-Individual	Rs.1500/- P.A. (For Corporate/Clearing Member)	NA	NA
5. Custody Fee (per Month)	NIL	NIL	NIL
6. Transaction Charges Sell / Outgoing	For On Market (for POA A/c Rs. 20/-, for Non-POA A/c Rs. 20/- for Off Mkt. (Rs. 20/- Per Transaction or 0.004% of the Transaction value (whichever is higher)		
7. Dematerialisation Charges (Upfront)	Rs. 50/- Per Request + Rs. 2/- Per Certificate and Rs. 100/- (for Courier Charges per company)		
8. Rematerialisation Charges (Upfront)	Rs. 50/- or Rs. 50/- for 100 Share Per Certificate (whichever is higher) + Rs. 100/- courier charges		
9. Pledge (Creation / Closure / Invocation)	Rs. 50/- Per Instruction or 0.01% of the value of securities (whichever is higher)		
10. Margin Pledge Charges	Rs. 15/- Per Instruction Type.		
11. NDU Charges	0.02% of the value of securities upon creation of hold, Subject to min. Rs. 500/- Per Instruction & Legal Charges Rs.1000/-		
12. Instruction Book	1st Booklet (10 leaf's) : Free Subsequent Booklet (10 leaf's each) per Book : Rs. 30/-		
13. Failed Instruction	Rs. 25/- Per Instruction		
14. A/C Detail Modification	Rs. 50/- Per Instruction		
15. AMC for Speed-E Services	Rs. 250/- Per Annum for Password User Rs. 500/- Per Quarter for E-Token User		
16. Others Charges	1) Additional Statement Print Rs. 25/- & Courier Charge Rs. 100/-, 2) For CM A/c Receipt in charge Rs. 2/- Per Scrip (Subject to min. Rs. 800 & max. Rs. 3000/- p.m.) SEBI Penalty 0.06% plus Lares AlgoTech 0.01% 3) Demat Rejection Charge Rs. 25/- Per Rejection + Courier Charge Rs. 100/-		

I/We hereby give my / our consent for opening of Depository Account as per (✓) above.

**** GST would be charged separately as per the current applicable rate.**

TERMS & CONDITIONS

- All BOs opting for the facility of BSDA, shall register their mobile number for availing the SMS alert facility for debit transactions.
- Additional physical statement beyond 2 statement per billing cycle shall be charged @ 50/- per Statement.
- Depository Charges of Broking Clients will be debited to their Trading account.
- Any other service, which is not mentioned above, will be charged separately as per the rates applicable from time to time. Out of pocket expenses including courier charges for overseas consignment will be charged extra on actual basis. GST as applicable would be levied.
- All charges are subject to revision at the discretion of LARES ALGOTECH INDIA PRIVATE LIMITED and revision in NSDL charges, after giving a notice of 30 days.
- All charges are payable on monthly basis and delayed payment will be liable for interest @ 1% per month.
- Lares AlgoTech may suspend/freeze the depository services of the account holder on non-payment of outstanding bill.
- In case of account closure the AMC shall be levied /collected up to that quarter in which the account is closed. The AMC for balance quarters shall be refunded.

Note. In case value of securities exceeds Rs. 10,00,000/- the BSDA will automatically converted into normal demat account and charges as mentioned in scheme A or B as opted by the client shall become applicable.



First/Sole Holder Signature



Second Holder Signature



Third Holder Signature

STANDING INSTRUCTION FOR AUTO PLEDGE CONFIRMATION

To,

Lares Algotech India Private Limited

DP ID : IN304844

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

Date : _____

With reference to my / our application for opening a depository account, I / We request you to enable my / our depository account having DP ID IN304844 & Client ID _____ with Flag "**Standing Instruction for Auto Pledge Confirmation**".

I / We have read and understood the Securities and Exchange Board of India's guidelines on pledging of shares in dematerialised form as regulated by SEBI (Depositories and Participants) Regulations, 1996 and Depositories Act, 1996.



.....

First/Sole Holder Signature



.....

Second Holder Signature



.....

Third Holder Signature

DECLARATION FOR OPTING OUT OF BSDA

To,

Lares Algotech India Private Limited

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

Date : _____

I / We, maintain a Demat account in your depository, hereby declare that I / We do not wish to maintain my / our Demat account as a Basic Services Demat Account (BSDA).

DP ID	I	N	3	0	4	8	4	4
Client ID								
Sole/First Holder Name								
Second Holder Name								
Third Holder Name								

I / We understand the features and benefits associated with a BSDA and choose to opt-out of this facility.

I / We request you to convert my / our Demat account to a regular Demat account and provide all associated services and charges as applicable to a regular Demat account.



.....

First/Sole Holder Signature



.....

Second Holder Signature



.....

Third Holder Signature

Declaration for Basic Services Demat Account (BSDA)

To,

Lares Algotech India Private Limited

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

Date : _____

With reference to my/our application for opening a depository account, I/We request you to open my/our depository account as per the following details:

	Name	PAN
Sole/First Holder		
Second Holder		
Third Holder		

I/We have read and understood the Securities and Exchange Board of India's guidelines for facility for a BSDA. I/We are aware that if I/we are eligible to open a depository account as a BSDA, the account shall be opened as a BSDA.

I/We also understand that in case, I/We at any point of time do not meet the eligibility criteria as a BSDA holder, my/our demat account is liable to be converted to regular account.

I/We also state that if at any time choose to opt out of BSDA i.e. avail the facility of regular account the same will be communicated to the Participant from Sole/First Holder registered email ID.



.....
First/Sole Holder Signature



.....
Second Holder Signature



.....
Third Holder Signature

Sole/First Holder's Name: _____ Second Holder's Name _____ Third Holder's Name _____

Note

An individual shall be eligible for BSDA subject to the following conditions:

- The individual has or proposes to have only one demat account where he/she is the sole or first holder.
- The individual shall have only one BSDA in his/her name across all depositories.
- Value of securities held in the demat account shall not exceed 10 Lakhs for debt and other than debt securities combined at any point of time.

The charge structure shall be as indicated below: Value of Holdings in the Demat Account (Debt as well as other than debt securities combined)	Annual Maintenance Charges
Up to 4 lakhs	NIL
More than 4 lakhs but up to 10 lakhs	100
More than 10 lakhs Not a BSDA	Regular AMC

FEMA DECLARATION

To,

Lares Algotech India Private Limited

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

Date : _____

Sub: Application for opening of an NRI/FN/FCB/FPI account

With reference to my / our application for opening of a Demat and Trading account with you.

I / we hereby declare that I / we have complied and will continue to comply with all the rules / regulations / guidelines of FEMA Act 1999 from time to time for buying and selling of securities in the Indian Capital Market



.....
First/Sole Holder Signature

.....
Name of First/Sole Holder



.....
Second Holder Signature

.....
Name of Second Holder



.....
Third Holder Signature

.....
Name of Third Holder

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.



For office use only

(To be filled by financial institution)

Application Type*

☐ New☐ Update

KYC Number

(Mandatory for KYC update request)

Account Type*

☐ Normal☐ Minor☐ 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"/> <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 Categorised	<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)

<input type="checkbox"/> A- Passport Number	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>
<input type="checkbox"/> C- Driving Licence	<input type="text"/>
<input type="checkbox"/> D- NREGA Job Card	<input type="text"/>
<input type="checkbox"/> E- National Population Register Letter	<input type="text"/>
<input type="checkbox"/> F- Proof of possession of Aadhaar	<input type="text"/>
II. <input type="checkbox"/> E- KYC Authentication	<input type="text"/>
III. <input type="checkbox"/> Offline verification of Aadhaar	<input type="text"/>

Address

Line 1*	<input type="text"/>
Line 2	<input type="text"/>
Line 3	<input type="text"/>
District*	<input type="text"/>
Pin / Post Code*	<input type="text"/>
State / U.T Code*	<input type="text"/>
ISO 3166 Country Code*	<input type="text"/>
City / Town / Village*	<input type="text"/>

☐ **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 -

 I hereby declare that the above mention Mobile number belong to ☐ Me or ☐ My family (☐ Spouse ☐ Dependent Children ☐ Dependent Parents)

Email ID

 I hereby declare that the above mention email Id belong to ☐ Me or ☐ My family (☐ Spouse ☐ Dependent Children ☐ Dependent Parents)

☐ **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 **LAARES ALGOTECH INDIA PRIVATE LIMITED**
 Code **IN8240**

[Employee Signature]

[Institution Stamp]

MANDATORY DOCUMENT

FATCA & CRS Declaration - Individual

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

PAN / PEKRN*				Constitute <input type="checkbox"/> Individual <input type="checkbox"/> NRI <input type="checkbox"/> Foreign National <input type="checkbox"/> Others_____
Name				
Address Type <i>[for KYC address]</i>	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> US <input type="checkbox"/> Others <i>(please specify)</i>	
Place of Birth			Country of Birth	
Gross Annual Income Details in INR	<input type="checkbox"/> Below 1 Lakh <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Cr <input type="checkbox"/> > 1 Crore	Occupation Details [Please tick any one (✓)]	<input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others [Please specify]_____	
Net Worth in INR. In Lacs & Date <i>[Optional]</i>	_____ dd-mm-yyyy			
Politically Exposed Person [PEP]	<input type="checkbox"/> Yes <input type="checkbox"/> Related to PEP <input type="checkbox"/> Not Applicable		Any Other Information <i>[if applicable] (please specify)</i>	

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 of Client



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.



For office use only

(To be filled by financial institution)

Application Type*

☐ New☐ Update

KYC Number

(Mandatory for KYC update request)

Account Type*

☐ Normal☐ Minor☐ 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"/> <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 Categorised	<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*	<input type="text"/>	
Line 2	<input type="text"/>	
Line 3	<input type="text"/>	City / Town / Village* <input type="text"/>
District*	<input type="text"/>	Pin / Post Code* <input type="text"/> State / U.T Code* <input type="text"/> ISO 3166 Country Code* <input type="text"/>

☐ **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 -

 I hereby declare that the above mention Mobile number belong to ☐ Me or ☐ My family (☐ Spouse ☐ Dependent Children ☐ Dependent Parents)

Email ID

 I hereby declare that the above mention email Id belong to ☐ Me or ☐ My family (☐ Spouse ☐ Dependent Children ☐ Dependent Parents)

☐ **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 **LAARES ALGOTECH INDIA PRIVATE LIMITED**
 Code **IN8240**

[Institution Stamp]

MANDATORY DOCUMENT

FATCA & CRS Declaration - Individual

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

PAN / PEKRN*				Constitute <input type="checkbox"/> Individual <input type="checkbox"/> NRI <input type="checkbox"/> Foreign National <input type="checkbox"/> Others _____
Name				
Address Type [for KYC address]	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> US <input type="checkbox"/> Others (please specify)	
Place of Birth			Country of Birth	
Gross Annual Income Details in INR	<input type="checkbox"/> Below 1 Lakh <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Cr <input type="checkbox"/> > 1 Crore	Occupation Details [Please tick any one (✓)]		<input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others [Please specify] _____
Net Worth in INR. In Lacs & Date [Optional]	_____ dd-mm-yyyy			
Politically Exposed Person [PEP]	<input type="checkbox"/> Yes <input type="checkbox"/> Related to PEP <input type="checkbox"/> Not Applicable		Any Other Information [if applicable] (please 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 (TIN or other, please specify)
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 of Client



FOR OFFICE USE ONLY

Branch Code : Sub Branch :	Group Code : Introducer Code:
AO Form Receiving No. & Date: Account Opening Date:	Telephonic Verification done by: Date: _____ Time: _____ Extn: _____
Documents Check & Capture in system done by:	KRA: <input type="checkbox"/> CVL <input type="checkbox"/> NDML <input type="checkbox"/> NSE <input type="checkbox"/> CAMS <input type="checkbox"/> KARVY KYC: <input type="checkbox"/> Registration <input type="checkbox"/> Modification KYC Reference No.:
Cross Check & Verify in system done by:	CKYC: <input type="checkbox"/> Registration <input type="checkbox"/> Modification CKYC Reference No.: CKYC No.:
Details Verified From UNSC:	UCC Uploaded:
Details Verified from SEBI Debarred Entity List:	<input type="checkbox"/> NSE Cash <input type="checkbox"/> NSE F&O <input type="checkbox"/> NSE CDS <input type="checkbox"/> NSE COM <input type="checkbox"/> BSE Cash <input type="checkbox"/> BSE F&O <input type="checkbox"/> BSE CDS <input type="checkbox"/> MCX Commodity
Online Trading: <input type="checkbox"/> Yes <input type="checkbox"/> No	UCC Mapping done by:
Backoffice User Creation done by:	Delivery Instruction Book / Welcome Kit Issued:
Remarks:	

KYC CHECKLIST - Mandatory Documents (copies of all documents to be self-attested)

Sr. No.	Checking Details	REMARKS
1.	Pan Card – Account Holder & Joint Holder's (If any)	
2.	Photograph – One Coloured Front Face (Passport Size)	
3.	Proof of Address – for Permanent / Correspondence	
4.	Bank Proof – Cancelled Personalized Cheque leaf	
5.	Demat Proof – Client Master (CML copy duly attested by DP)	
6.	Proof of Income – Applicable only for Derivates Segments	
7.	Nominee Details	
8.	Signature of Client on all pages of client registration form, valid supporting documents and wherever is necessary	
9	Details & Signature of Witness wherever is required	

Notes:

- 1 Make sure all valid documents are clear and readable.
- 2 The client's name and basic details are consistent across all valid documents submitted.
- 3 If the signature proof is cheque, the account will be opened only after the cheque has successfully cleared.
- 4 If the bank statement is a printed copy issued by the bank, please make sure it carries an official bank stamp to confirm authenticity.

