

LARES ALGOTECH INDIA PRIVATE LIMITED

Regd. Office: 460, 3rd Floor, Kondli Gharoli, Mayur Vihar Phase III, New Delhi – 110096

Corp. Off: Spectrum Metro Mall, Tower A, 1005, 10th Floor, Sector 75, Phase 1,

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FORM FOR COMMON DETAILS UPDATION/ MODIFICATION IN DEMAT & TRADING ACCOUNT

Date: ____/____/____

Application No.: _____

Dear Sir / Ma'am

I/we request you to make the following additions and modifications in KRA, Demat Account and Trading Account.

☐ Trading ☐ Demat ☐ Both

Trading Code: _____ DP & Client Id: IN304844 _____

Sr. No.	Holder Name	PAN No.
1	Name of the First / Sole Holder	
2	Name of the Second Holder	
3	Name of the Third Holder	

Existing Address Details	New Address Details (<input type="checkbox"/> Correspondence <input type="checkbox"/> Permanent)
City: _____ Pin Code: _____ State: _____	City: _____ Pin Code: _____ State: _____

Change of Mobile No.	Change of Email ID
Existing Mobile	SMS Flag <input type="checkbox"/> Yes <input type="checkbox"/> No I hereby declare that the above mention mobile number belong to <input type="checkbox"/> Me or <input type="checkbox"/> My family <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents
New Mobile	
Existing Email Id	Client Option to receive e-statement <input type="checkbox"/> Yes <input type="checkbox"/> No I hereby declare that the above mention mobile number belong to <input type="checkbox"/> Me or <input type="checkbox"/> My family <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents
New Email Id	

Existing Bank Details	New Bank Details
Bank A/c No.: _____ Bank Name: _____ Branch Address: _____ A/c Type: <input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Other _____ MICR: _____ IFS Code: _____	Bank A/c No.: _____ Bank Name: _____ Branch Address: _____ A/c Type: <input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Other _____ MICR: _____ <input type="checkbox"/> Primary IFS Code: _____ <input type="checkbox"/> Secondary

Income Range	<input type="checkbox"/> Below 1 lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 lacs to 1 Crore (More than 25 Lacs) <input type="checkbox"/> More than 1 Crore
Net-Worth	Rs. _____ As on date _____ (should not be older than 1 year) – Mandatory for Non-Individual

Existing Demat Details	New Demat Details
DP ID: _____ Client ID: _____	DP ID: _____ Client ID: _____ <input type="checkbox"/> Primary <input type="checkbox"/> Secondary (Client master is mandatory with DP stamp)

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.

First Holder Signature	Second Holder Signature	Third Holder Signature

Note: 1) For change of Address and contact detail, KYC is Mandatory. 2) For change of Bank detail original Cheque Leaf & photocopy of Bank Passbook or Bank Statement required (Any One). 3) For DP Client Master duly stamped and signed by DP.

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Recv. Date	Employee Name	Employee Code	Date	Signature	Stamp
In-Person Verification (IPV)					
Maker & Signature Verified					
Checker & Authorised					

Acknowledgement Receipt

Received Account Details Addition / Modification / Deletions request as per eta,s given below:

Trading Code:		DP ID:	I	N	3	0	4	8	4	4	Client ID:							
Modification Request for	<input type="checkbox"/> Address <input type="checkbox"/> Bank Detail <input type="checkbox"/> Depository <input type="checkbox"/> Mobile No. <input type="checkbox"/> Email-Id <input type="checkbox"/> Income Range																	
Name of Sole/ First Holder			Name of Second Joint Holder						Name of Third Joint Holder									

Seal & Stamp

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Documents to be attached (Mandatory)

For Individual Clients (All Supporting Document Should Be Self Attested)

1. For Change of Address and Contact details (Mobile & Email)

All Holders KYC and FATCA Form Required

- A. Pan Card
- B. Aadhaar Card

2. For Change of Bank details (Any One Document)

- A. Original Cancel Cheque Leaf
- B. Bank Passbook Copy
- C. Bank Statement with Bank Stamp (not be older than 1 months)

3. For Change of Demat Account

- A. Client Master duly stamped and signed by DP.

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*

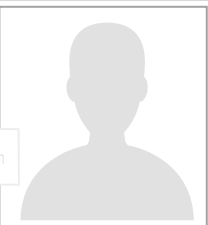
☐ Normal

☐ 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"/>)		
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"/> 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"/>
District*	<input type="text"/>
Pin / Post Code*	<input type="text"/>
State / U.T Code*	<input type="text"/>
City / Town / Village*	<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

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
Name				<input type="checkbox"/> Individual <input type="checkbox"/> NRI <input type="checkbox"/> Foreign National <input type="checkbox"/> Others _____
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> <i>(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 :

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Place :

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✓

Signature of Client