

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) NON 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

National Stock Exchange of India Ltd.

Bombay Stock Exchange Ltd.

Multi Commodity Exchange of India Ltd.

National Securities Depository Limited

E-mail ID

ignse@nse.co.in

iscdelhi@bseindia.com

grievance@mcxindia.com

relations@nsdl.com

Phone No.

022-26598190, 18002660058

022-22728517

022-67318888

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

ANNEXURE - 1
ACCOUNT OPENING KIT



INDEX OF DOCUMENTS

MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI & EXCHANGES

S.No.	Name of the Document	Brief Significance of the Document	Page No.
1.	Account Opening Form	A. KYC Form - Document captures the basic information about the constituent and instruction/check list.	1-3
		B. Declaration by HUF	4
		C. FATCA & CRS Declaration	5-7
		D. Document captures the additional information about the constituent relevant to trading account and nomination.	8-11
2.	Brokerage Structure	Document detailing the rate / amount of brokerage and other charges levied on the client for trading on the stock/commodity exchange(s)	11
3.	MITC	Most Important Terms and Conditions	12
4.	Rights and Obligations	Document stating the Rights & Obligations of Stock Broker/ Commodity BrokerTrading 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
5.	Risk Disclosure Document (RDD)	Document detailing risks associated with dealing in the securities/ commodities market.	
6.	Guidance Note	Documents detailing do's and don'ts for trading on exchange, for the education of the investors.	
7.	Policies and Procedures	Document describing significant policies and procedure of the Stock Broker / Commodity Broker.	
8.	Freezing & Unfreezing	Voluntary freezing & unfreezing of the online trading account	
8.	Central KYC	Legal Entity	22-23
		Legal Entity Related Person (use separate form for each director and authorised signatory)	24-25

VOLUNTARY DOCUMENTS AS PROVIDED BY THE STOCK BROKER

S.No.	Name of the Document	Brief Significance of the Document	Page No.
1.	Authorisation for Electronic Communication	For authorising the trading member to send Electronic Contract Notes.	13
2.	Running Account Authorisation	Helps the client to enjoy exposures linked to the credit in the trading account.	14
3.	Letter of Authority	Authorisation for smooth functioning of Trading A/c	15
4.	Request for Trading in Commodity Forward Contracts/Commodity Derivative on MCX	Request for Trading in Commodity Forward Contracts/ Commodity Derivative on MCX	16
5.	NSDL Form (Non Individual)	Where the client wishes to open a demat account with us as NSDL DP.	17-21
6.	Declaration W.R.T. E-mail Id and Mobile Number	Declaration W.R.T. E-mail Id and Mobile Number	22

Note : You may also download KYC form & other formats 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 Signature of Authorised Signatory



Second Signature of Authorised Signatory



Third Signature of Authorised Signatory

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 Signature of Authorised Signatory



Second Signature of Authorised Signatory



Third Signature of Authorised Signatory

Lares Algotech India Private Limited

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

KNOW YOUR CLIENT (KYC) Application Form - For Non-Individual

NEW CHANGE REQUEST (Please tick✓ the appropriate)

Please fill this form in **ENGLISH** and in **BLOCK LETTERS**

(Please tick✓ the box on left margin of appropriate row where **CHANGE/CORRECTION** is required and provide the details in the corresponding row)

Acknowledgement No.

A

IDENTITY DETAILS

Name of the Applicant _____

Date of Incorporation Place of Incorporation _____

Date of commencement of business

Permanent Account Number (PAN)

Registration No. (e.g. CIN)

Status (Please tick any one)

<input type="checkbox"/> Private Limited Co.	<input type="checkbox"/> Public Ltd. Co.	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Partnership
<input type="checkbox"/> Trust	<input type="checkbox"/> Charities	<input type="checkbox"/> NGO's	<input type="checkbox"/> FI
<input type="checkbox"/> HUF	<input type="checkbox"/> AOP	<input type="checkbox"/> Bank	<input type="checkbox"/> Government Body
<input type="checkbox"/> Defense Establishment	<input type="checkbox"/> BOI	<input type="checkbox"/> Society	<input type="checkbox"/> LLP
<input type="checkbox"/> Others (Please specify) _____			

B

ADDRESS DETAILS

Address for Correspondence _____

City / Town / Village _____ Pin Code

State _____ Country _____

Contact Details

Tel. (Off.) _____ Fax _____

Tel. (Res.) _____ Mobile No _____

E-Mail Id. _____

Specify the Proof of Address submitted for Correspondence Address: _____

Validity Expiry Date of Proof of Address Submitted D D M M Y Y Y Y

Registered Address (If different from above or overseas address, mandatory for Non-Resident Applicant to specify Overseas address)

City / Town / Village _____ Pin Code

State _____ Country _____

Specify the Proof of Address submitted for Registered Address: _____

Validity Expiry Date of Proof of Address Submitted D D M M Y Y Y Y

C

OTHER DETAILS

Name, PAN, Residential Address and photographs of Promoters/Partners/Karta/Trustees and whole time directors : _____

If space is insufficient, enclosed these details separately (illustrative format enclosed)

DIN OF Whole time directors : _____

If space is insufficient, enclosed these details separately (illustrative format enclosed)

AADHAR No. OF Promoters/Partners/Karta : _____

If space is insufficient, enclosed these details separately (illustrative format enclosed)

D

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.

3✓

Date

Signature of Authorised Signatory

FOR OFFICE USE ONLY**In Person Verification (IPV) Details:**

Name of the person who has done the IPV: _____

Designation: _____ Employee ID: _____

Name of the Organization: LARES ALGOTECH INDIA PRIVATE LTD.

Date of IPV:

Signature of the person who has done the IPV

Seal/Stamp of the Intermediary

 Originals Verified & Self Attested Document copies receivedDate

Place : _____ Signature : _____

<p>1. Name _____</p> <p>2. Relationship with Applicant (i.e. promoters, whole time directors etc.) _____</p> <p>3a. PAN _____ 3b. DIN/Aadhaar No. _____</p> <p>4. Residential/ Registered Address _____</p> <p>City / Town / Village _____ Pin Code _____</p> <p>State _____ Country _____</p> <p>5. Please tick, if applicable : <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (PEP)</p>	<p>PHOTOGRAPH</p> <p style="text-align: center;">Please affix your recent passport size photograph and sign across it</p>
<p>1. Name _____</p> <p>2. Relationship with Applicant (i.e. promoters, whole time directors etc.) _____</p> <p>3a. PAN _____ 3b. DIN/Aadhaar No. _____</p> <p>4. Residential/ Registered Address _____</p> <p>City / Town / Village _____ Pin Code _____</p> <p>State _____ Country _____</p> <p>5. Please tick, if applicable : <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (PEP)</p>	<p>PHOTOGRAPH</p> <p style="text-align: center;">Please affix your recent passport size photograph and sign across it</p>
<p>1. Name _____</p> <p>2. Relationship with Applicant (i.e. promoters, whole time directors etc.) _____</p> <p>3a. PAN _____ 3b. DIN/Aadhaar No. _____</p> <p>4. Residential/ Registered Address _____</p> <p>City / Town / Village _____ Pin Code _____</p> <p>State _____ Country _____</p> <p>5. Please tick, if applicable : <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (PEP)</p>	<p>PHOTOGRAPH</p> <p style="text-align: center;">Please affix your recent passport size photograph and sign across it</p>
<p>1. Name _____</p> <p>2. Relationship with Applicant (i.e. promoters, whole time directors etc.) _____</p> <p>3a. PAN _____ 3b. DIN/Aadhaar No. _____</p> <p>4. Residential/ Registered Address _____</p> <p>City / Town / Village _____ Pin Code _____</p> <p>State _____ Country _____</p> <p>5. Please tick, if applicable : <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (PEP)</p>	<p>PHOTOGRAPH</p> <p style="text-align: center;">Please affix your recent passport size photograph and sign across it</p>
<p>1. Name _____</p> <p>2. Relationship with Applicant (i.e. promoters, whole time directors etc.) _____</p> <p>3a. PAN _____ 3b. DIN/Aadhaar No. _____</p> <p>4. Residential/ Registered Address _____</p> <p>City / Town / Village _____ Pin Code _____</p> <p>State _____ Country _____</p> <p>5. Please tick, if applicable : <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (PEP)</p>	<p>PHOTOGRAPH</p> <p style="text-align: center;">Please affix your recent passport size photograph and sign across it</p>

4



Signature of Authorised Signatory

Date :

D	D
---	---

M	M
---	---

Y	Y	Y	Y
---	---	---	---

DECLARATION BY HUF

Lares Algotech India Private Limited

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

As our HUF firm wishes to open an account with your DP in the said name _____

we beg to say that the first signatory to this letter, Mr _____
is the Karta of the Joint Family and other signatories are the adult co-parceners of the said family.

We further confirm that the business of the said joint family is carried on mainly by the said Karta as also by the other signatories hereto in the interest and for the benefit of the entire body of co-parceners of the joint family. We all undertake that claims due to the DP from the said family shall be recoverable personally from all or any of us and also for the entire family properties of which the first signatory is the Karta, including the share of minor co-parceners.

In view of the fact that ours is not a firm governed by the Indian Partnership Act of 1952, we have not got our said firm registered under the said Act.

We hereby undertake to inform the DP of the death or birth of a co-parcener of any change occurring at any time in the membership of our joint family during the currency of the account.

Your's Sincerely

5
✓

Signature of Authorised Signatory

**Name & Signature of Adult Co-Parceners and date of birth of Minor Co-parceners
(Use Annexure for Additional Members)**

S.No.	Name	Sex	Relation with Karta	Date of Birth	Signature
1.					✓ _____
2.					✓ _____
3.					✓ _____
4.					✓ _____

FATCA & CRS Declaration - Non Individual

PAN

Name : _____

Please tick the applicable tax resident declaration -

1. Is "Entity" a tax resident of any country other than India Yes No

(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Sr. No.	Country	Tax Identification Number%	Identification Type (TIN or Other %,please specify)
1.			
2.			
3.			

In case Tax Identification Number is not available, kindly provide its functional equivalent.

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

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

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

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

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

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

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

Category (Please tick applicable category):

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

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s). (Please attach additional sheets if necessary)

Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E (Refer 3(vi) of Part C)

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

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

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

% In case Tax Identification Number is not available, kindly provide functional equivalent

\$ Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary

MANDATORY DOCUMENT
DECLARATION

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

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

Name							
Designation							

Date : D D M M Y Y Y Y

Signature of Authorised Signatory  _____ Place : _____

For Investor convenience, Adroit Financial Services Pvt. Ltd. collecting this mandatory information for updating across all Group Companies of Adroit Financial Services Pvt. Ltd. whether you are already an investor or would become an investor in future.

Please submit the form fully filled, signed, for all the holders, separately, and submit at your nearest Adroit Financial Services Pvt. Ltd. branch or you can dispatch the hard copy to-

Lares Algotech India Private Limited

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

- For Detail Terms & Conditions please visit www.adroitfinancial.com

TRADING ACCOUNT RELATED DETAILS FOR NON-INDIVIDUAL
A. BANK ACCOUNT(S) DETAILS (Through which transactions shall generally be routed)

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

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

Depository Participant Name	Name of Depository	Beneficiary Name	DP ID								Beneficiary ID (BO ID)			
Lares AlgoTech India	<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
	7✓	8✓	9✓	10✓

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) D D M M Y Y Y Y (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. 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 :

Page 1 of 1

ADDITIONAL DETAILS

F. 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

In case of non-individuals, name, designation, PAN, UID, signature, residential address and photographs of persons authorised to deal in securities on behalf of company/firm/others:

PHOTOGRAPH

PHOTOGRAPH

Name _____

Designation _____

PAN _____

UID _____

Residential Address _____

www.nature.com/scientificreports/

Since $t_1 < t_2$, we have $\frac{1}{t_1} > \frac{1}{t_2}$. Therefore, $\frac{1}{t_1} - \frac{1}{t_2} > 0$.

Signature _____ Signature _____

Any other information : _____

G. 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

1. 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.
2. 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.
3. 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 _____

11
✓

Date _____

Signature of Authorised Signatory

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.



Signature of Authorised Signatory

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.



Signature of Authorised Signatory

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:

1. 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.
2. Late payment penalty @18% p.a. calculated on daily overdue balance shall be charged till actual realisation.
3. In case an internet trading terminal is provided, connectivity charges @Rs. _____/- per month or _____% of turn over shall be charged separately.
4. Charges/ service standards are subject to revision at sole discretion of Lares AlgoTech India Private Limited
5. Charges quoted above are for the services listed. Any service not quoted above will be charged separately.
6. Minimum processing fees of Rs. 20/- will be charged for each day of trade.



Signature of Authorised Signatory

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.

15
✓

Signature of Authorised Signatory

ELECTRONIC CONTRACT NOTE (ECN) DECLARATION

Annexure-A

To,

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

Date _____

Dear Sir,

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

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

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



Signature of Authorised Signatory

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.

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✓

Signature of Authorised Signatory

LETTER OF AUTHORITY

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 : 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

18✓

Signature of Authorised Signatory

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

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Signature of Authorised Signatory



Lares AlgoTech India Private Limited (DP ID : IN304844)
Client ID

(To be filled by the Depository Participant)

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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			
PAN			

B. TYPE OF ACCOUNT (Please tick whichever is Applicable)

<input type="checkbox"/> Body Corporate	<input type="checkbox"/> FI	<input type="checkbox"/> FII	<input type="checkbox"/> Bank	<input type="checkbox"/> CM
<input type="checkbox"/> Qualified Foreign Investor	<input type="checkbox"/> Mutual Fund	<input type="checkbox"/> Trust	<input type="checkbox"/> HUF	<input type="checkbox"/> Others (Pl. Specify).....

C. For Partnership Firm, Unregistered Trust, Association of Persons (AOP) etc., although the account is opened in the name of the partner(s) trustee(es) etc., the name & PAN of the Partnership Firm, Unregistered Trust, Association of Persons (AOP), etc., should be mentioned below :

Name	PAN							
------	-----	--	--	--	--	--	--	--

D. INCOME DETAILS (please specify)

Income Range per annum (please tick any one)	and	Networth Amount Rs._____								
<input type="checkbox"/> Below ₹ 20 Lac	<input type="checkbox"/> ₹ 50 Lac - 1 Crore	As on (Date) <table border="1"> <tr> <td>D</td> <td>D</td> <td>M</td> <td>M</td> <td>Y</td> <td>Y</td> <td>Y</td> <td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			
<input type="checkbox"/> ₹ 20 - 50 Lac	<input type="checkbox"/> Above ₹ 1 Crore	(Networth should not be older than 1 year)								

E. In Case of FIIs/Others (as may be applicable)

RBI Approval Reference Number	RBI Approval Date	D	D	M	M	Y	Y	Y	Y
SEBI Registration Number (For FIIs)									

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, for any of your authorized signatories/ Promoter/Partners/Karta/Trustees/whole time directors :	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (RPEP)
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H. CLEARING MEMBER DETAILS (to be filled up by Clearing Members only)

1.	Name of Stock Exchange	
2.	Name of Clearing Corporation/Clearing House	
3.	Clearing Member ID	
4.	SEBI Registration Number	
5.	Trade Name	
6.	CM-BP-ID (to be filled up by Participant)	

I. STANDING INSTRUCTIONS

1.	We authorise you to receive credits automatically into 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.	Account to be operated through Demat Debit and Pledge Instruction (DDPI)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	SMS Alert facility/Mandatory if you are giving Power of Attorney (PoA). Ensure that the mobile number is provided in the KYC Application Form]				
	Sr. No.	Holder	Yes	No	
	1.	Sole / First Holder	<input type="checkbox"/>	<input type="checkbox"/>	
	2.	Second Holder	<input type="checkbox"/>	<input type="checkbox"/>	
	3.	Third Holder	<input type="checkbox"/>	<input type="checkbox"/>	
5.	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)			
6.	Mode of Receive Annual Reports, AGM Notices, & 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)			

J. LIST OF FAMILY MEMBERS (Separate Annexure may be used in case number of member is higher)

Sr. No.	Name of Coparcener/ Member	Gender	Date of Birth (dd/mm/yyyy)	Relation with Karta	Whether Coparcener/ Member (Pl. Specify)
1.					
2.					
3.					
4.					
5.					

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 "Right and Obligations of the Beneficial Owner & Depository Participant".

Authorised Signatories (Enclosed a Board Resolution for Authorised Signatories. In case of HUF details of Karta to be given)

Sole/First Holder	Name	Signature (with stamp)
First Authorised Signatory / Karta of HUF		20 ✓
Second Authorised Signatory		→
Third Authorised Signatory		→

Other Holders

Second Holder		→
Third Holder		→

Mode of Operation for Sole/First Holder (in case of joint holdings, all the holders must sign. In case of HUF this is not applicable)

<input type="checkbox"/> Any one singly	
<input type="checkbox"/> Jointly by	
<input type="checkbox"/> As per resolution	
<input type="checkbox"/> Others (Pl. Specify)	

Notes :

1. In case of additional signatures, separate annexures should be attached to the application form.
2. Thumb impressions and signatures other than English or Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
3. For receiving Statement of Account in electronic form :
 - i. Client must ensure the confidentiality of the password of the email account.
 - ii. Client must promptly inform the Participant if the email address has changed.
 - iii. Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice.
4. Strike off whichever is not applicable.

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.	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/-		

Settlement fees charged by NSDL (₹ 4.00 per debit instruction) are included in the tariff structure and not levied separately, in accordance with NSDL guidelines.

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 Authorised Signature



Second Authorised Signature



Third Authorised Signature

STANDING INSTRUCTION FOR AUTO PLEDGE CONFIRMATION

To,

Lares Algotech India Private Limited

DP ID : IN

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 Signature of Authorised Signatory



Second Signature of Authorised Signatory



Third Signature of Authorised Signatory

MOBILE NO. AND E-MAIL ID DECLARATION BY FAMILY ACCOUNT

To,

Lares Algotech India Private Limited

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

Date : _____

We are having following trading & demat accounts with Lares Algotech India Pvt. Ltd. We do hereby declare that our family contact no. is _____ and our family E-mail id is _____.

We hereby authorize Lares Algotech India Private Limited. to send us any information such as alert/SMS/call/ email etc. at above mentioned contact no. and email id.

We declare that this contact no. and E-mail id belong to our family consisting of persons as per following detail.

S.No.	Code	Name	Relation

I hereby declare that the aforesaid mobile number or E-mail ID belongs to Me or My Family
(*Spouse, dependent children and dependent parents*)

I further declare that the above mentioned statement is true and correct.

Yours Faithfully,



Signature of Authorised Signatory

Important Instructions:

A) Fields marked with "*" are mandatory fields.
 B) Tick '✓' wherever applicable.
 C) Please fill the date in DD-MM-YYYY format.
 D) Please fill the form in English and in BLOCK letters.
 E) KYC number of applicant is mandatory for update application

F) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
 G) List of two character ISO 3166 country codes is available at the end.
 H) Please read section wise detailed guidelines / instructions at the end.
 I) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.



For office use only Application Type* New Update

(To be filled by financial institution) KYC Number (Mandatory for KYC update request)

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

Name*

Entity Constitution Type* (Please refer instruction B at the end)

Date of Incorporation / Formation* DD — MM — YY YY

Date of Commencement of Business DD — MM — YY YY

Place of Incorporation / Formation*

Country of Incorporation / Formation* TIN or Equivalent Issuing Country

PAN * Form 60 furnished

TIN/GST Registration Number

□ 2. PROOF OF IDENTITY (Pol)* (Please refer instruction B at the end)

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

Certificate of Incorporation / Formation Registration Certificate

Memorandum and Articles of Association

Partnership Deed

Resolution of Board / Managing Committee

Trust Deed

Activity Proof - 1 (For Sole Proprietorship Only)

Power of attorney granted to its manager, officers or employees to transact on its behalf

Activity Proof - 2 (For Sole Proprietorship Only)

□ 3. ADDRESS* (Please see instruction C at the end)

3.1 Registered Office Address / Place of Business*

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

Line 1*

Line 2

Line 3

District* City/ Town / Village*

PIN/ Post Code* State / U.T Code* ISO 3166 Country Code*

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

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

Line 1*

Line 2

Line 3

District* City/ Town / Village*

PIN/ Post Code* State / U.T Code* ISO 3166 Country Code*

□ 4. CONTACT DETAILS (All communications will be sent to Mobile number/ Email-ID provided" may be used) (Please refer instruction D at the end)

Tel. (Off)

—

FAX

—

Mobile

—

Email ID

Mobile

—

Email ID

□ 5. NUMBER OF RELATED PERSONS

(Please refer instruction E at the end)

6. REMARKS (If any)

7. APPLICANT DECLARATION (Please refer Instruction G at the end)

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I/we hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date:

D	D
---	---

 —

M	M
---	---

 —

Y	Y	Y	Y
---	---	---	---

Place:

Signature /Thumb Impression of Authorised Person(s)

8. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies Equivalent e-document

KYC VERIFICATION CARRIED OUT BY

Identity Verification Done Date:

D	D
---	---

 —

M	M
---	---

 —

Y	Y	Y	Y	Y
---	---	---	---	---

Emp. Name

Emp. Designation

INSTITUTION DETAILS

Name : LARES ALGOTECH INDIA PRIVATE LIMITED

Code : IN8240

[Institution Stamp]

[Employee Signature]

Annexure A2 | Legal Entity / Other than Individuals
CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Related Person
Important Instructions:

A) Fields marked with "*" are mandatory fields.
 B) Tick '✓' wherever applicable.
 C) Please fill the date in DD-MM-YYYY format.
 D) Please fill the form in English and in BLOCK letters.
 E) KYC number of applicant is mandatory for update application

F) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
 G) List of two character ISO 3166 country codes is available at the end.
 H) Please read section wise detailed guidelines / instructions at the end.
 I) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.


For office use only

 Application Type* New Update Delete

(To be filled by financial institution)

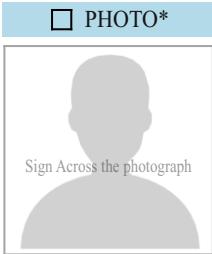
 KYC Number
(Mandatory for KYC update and delete request)
1. DETAILS OF RELATED PERSON* (Please refer instruction E at the end)

<input type="checkbox"/> Addition of Related Person	<input type="checkbox"/> Deletion of Related Person	<input type="checkbox"/> Update Related Person Details
KYC Number of Related Person (if available*) <input type="text"/>		
Related Person Type* <input type="checkbox"/> Director <input type="checkbox"/> Promoter <input type="checkbox"/> Karta <input type="checkbox"/> Trustee <input type="checkbox"/> Partner <input type="checkbox"/> Court Appointment Official <input type="checkbox"/> Proprietor <input type="checkbox"/> Beneficiary <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Power of Attorney Holder <input type="checkbox"/> Other (Please specify)		
DIN (Director Identification Number) <input type="text"/>		

If KYC number is available, only 'Related Person Type' & 'Name' is mandatory
(Mandatory if Related Person Type is Director)
1.1 PERSONAL DETAILS (Please refer instruction E at the end)

Name* (Same as ID proof) <input type="text"/>	Prefix <input type="text"/>	First Name <input type="text"/>	Middle Name <input type="text"/>	Last Name <input type="text"/>
Maiden Name <input type="text"/>				
Father/Spouse Name <input type="text"/>				
Mother Name <input type="text"/>				
Date of Birth* <input type="text"/>	D D — M M — Y Y Y Y			
Gender* <input type="checkbox"/> M-Male <input type="checkbox"/> F-Female <input type="checkbox"/> T-Transgender				
Nationality* <input type="checkbox"/> IN-Indian <input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/> <input type="text"/>				
PAN* <input type="text"/>			<input type="checkbox"/> Form 60 furnished	

1.2 PROOF OF IDENTITY AND ADDRESS* (Please refer instruction E 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"/>	<input type="checkbox"/> E-KYC Authentication <input type="text"/>	<input type="checkbox"/> Offline verification of Aadhaar <input type="text"/>	<input type="checkbox"/> PHOTO* 

Address

Line 1* <input type="text"/>	City/ Town / Village* <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"/>

1.3. CURRENT ADDRESS DETAILS (Please refer instruction E and the end)

<input type="checkbox"/> Same as above mentioned address (In such cases address details as below need not be provided)	<input type="checkbox"/> A-Passport Number <input type="text"/>
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"/> 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"/>	<input type="checkbox"/> Offline verification of Aadhaar <input type="text"/>
III. <input type="checkbox"/> Deemed PoA <input type="text"/>	
IV. <input type="checkbox"/> Self Declaration <input type="text"/>	

Address

Line 1*

PIN/ Post Code*						City/ Town / Village*			ISO 3166 Country Code*		

1. 4 CONTACT DETAILS (All communication will be sent on provided mobile no. / Email-ID) (Please refer instruction D at the end)

Tel. (Off) — Tel. (Res) — Mobile —
 Email ID

2. APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I/we hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date: DD — MM — YY YYPlace:

Signature /Thumb Impression of Applicant

3. 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

KYC VERIFICATION CARRIED OUT BY

Identity Verification Done Date: DD — MM — YY YY

Emp. Name
 Emp. Code
 Emp. Designation
 Emp. Branch

INSTITUTION DETAILS

Name : LARES ALGOTECH INDIA PRIVATE LIMITED

Code : IN8240

[Institution Stamp]

[Employee Signature]

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: <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
Details Verified from SEBI Debarred Entity List:	
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:	



Lares Algotech India Private Limited

CIN : U66120DL2023PT415426

Member : NSE, BSE & MCX

(Cash, F&O, Currency & Commodity Derivative Segment)

SEBI Regn. No.: INZ000316732

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

- Regd. Office : Flat No. 460, 3rd Floor, Kondli Gharoli, Mayur Vihar Phase-III, Delhi-110096, Tel.: 011-49574522
- Corporate Office : Spectrum Metro Mall, Tower A, 1005, 10th Floor, Sector-75, Phase-1, Gautam Buddha Nagar, Noida-201301
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