

# 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

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

### 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.

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 : \_\_\_\_\_

1. Name \_\_\_\_\_
2. Relationship with Applicant (i.e. promoters, whole time directors etc.) \_\_\_\_\_
- 3a. PAN \_\_\_\_\_ 3b. DIN/Aadhaar No. \_\_\_\_\_
4. Residential/ Registered Address \_\_\_\_\_  
City / Town / Village \_\_\_\_\_ Pin Code \_\_\_\_\_  
State \_\_\_\_\_ Country \_\_\_\_\_
5. Please tick, if applicable :  Politically Exposed Person (PEP)  Related to Politically Exposed Person (PEP)

**PHOTOGRAPH**

Please affix  
your recent passport  
size photograph and  
sign across it

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sign across it



Signature of Authorised Signatory

Date : 

D	D
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M	M
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Y	Y	Y	Y
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