

**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,

Gautam Buddha Nagar, Noida – 201301 | Tel. No.: 0120-6335981 | Email: customercare@laresalgotech.com

**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 &amp; 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
New Mobile	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents
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
New Email Id	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents

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

<b>Income Range</b>	<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
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<b>Net-Worth</b>	Rs. _____ As on date _____ (should not be older than 1 year) – Mandatory for Non-Individual
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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)

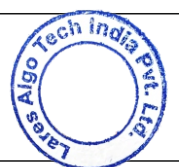
I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/We undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting. I am/we are 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.

**For Office Use Only**

Recv. Date	Employee Name	Employee Code	Date	Signature
<b>In-Person Verification (IPV)</b>				
<b>Maker &amp; Signature Verified</b>				
<b>Checker &amp; Authorised</b>				



**REQUEST FOR RE-ACTIVATION OF TRADING ACCOUNT**

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 / Madam

**Sub:- RE-ACTIVATION OF MY TRADING ACCOUNT**

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

Kindly note that I/we am/are registered with you as client for trading through you, in CM/F&O/Currency Segments of NSE/BSE and commodity segments of NSE/MCX under my/our abovementioned client code after complying the formalities of Know Your Client (KYC).

Further, due to some personal reasons/investment strategy, I/we have not been active in the market for last more than 12 months due to which my/our account has been suspended/marked inactive as per the company policy in accordance with the rules, regulations & byelaws of the exchange(s).

You are requested to kindly re-activate my/our account at the earliest as I/we intend to trade/place order(s) in my/our above mentioned trading account with you.

I/we hereby declare and confirm that the details as already furnished to you in Know Your Client (KYC) form executed by me/us for trading through you are true and correct to the best of my /our knowledge and belief and there is no change therein. I/we undertake to inform you if any changes therein immediately. In case any of the information is found to be false or untrue or misleading or misrepresenting, I/we am/are aware that I/we am/are liable for it.

Kindly do the needful at your earliest and oblige.

Thanking you,

Yours faithfully,

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

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

Pan No. : \_\_\_\_\_

Mobile No. : \_\_\_\_\_

**Note:**  
KYC form is required in case of any changes in KYC details (Address, Contact details, Bank Account and Residential Status) or KYC details are not updated.

FOR OFFICE USE ONLY			
In person verification (IPA)		<input type="checkbox"/> Originals verified & Self-Attested documents copies received	
Name of the person doing IPV & Interview		Designation	
Name of the Organization	LARES ALGOTECH INDIA PRIVATE LIMITED	Employee Code/ Registration No.#	
Signature of the person doing IPV		Date of IPV	

# Member Broker / Registered Authorized Person

**LARES ALGOTECH INDIA PRIVATE LIMITED**

Regd. Off: 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,

Gautam Buddha Nagar, Noida – 20130 Uttar Pradesh

Tel. No.: 0120-6335981 | Email: customercare@laresalgotech.com | Web: www.laresalgotech.com



SEBI Registration No.	INZ000316732
NSE – CM / F&O / Currency / Commodity Derivatives Segments	Member ID: 90367
BSE – CM / F&O / Currency Derivatives Segments	Member ID: 6892
MCX – Commodity Derivatives Segments	Member ID: 57310
Details of Clearing Member: CM / F&O / Currency / Commodity Derivatives Segments	Globe Derivatives and Securities Limited
SEBI Registration No. of Clearing Member	INZ000312637
NSE & BSE (CM / F&O / Currency / Commodity Derivatives Segments)	Clearing ID: M70073
MCX (Commodity Derivatives Segments)	Clearing ID: 9650

**FORM FOR ACTIVATION IN NEW EXCHANGE / NEW SEGMENT IN TRADING ACCOUNT**

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

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

I/we \_\_\_\_\_ having trading account with Unique Client Code (UCC) \_\_\_\_\_  
 Allotted to me/us by your broking house situated at \_\_\_\_\_ (Branch) in Cash Market / F&O /  
 Currency /Commodity segment in NSE / BSE and MCX trading platforms. However, I/we am/are desirous to start trading in  
 listed below:

 Trading Preference:                     Offline                     Online
**Please sign in front of the exchange & segment in which you wish to trade:**

TRADING PERFERNCES				
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 / Mutual Fund	Future & Options (F&O)	Currency	Commodity Derivatives

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

In this regard, you are requested to active my/our trading account in the same and allow trading with immediate effect. I/we hereby undertake that: I/we have completed all the KYC formalities and submitted all the required documents there of (Proof of Identity, Address Proof, Bank Proof, Income Proof, Pan Card etc.) at the time of account opening and enrolling as a client with you. There are no changes in respect of my/our Address, Bank account, Pan Details as provided to you earlier. Further, there is no material change in the other information provided to you in KYC form. I/we declare that the information given above is true to my/our knowledge. I/we, therefore request you that the requirement of fresh KYC may not be insisted upon.

 \_\_\_\_\_  
 Signature

 Enclose:  Pan Card  Income Proof (For Derivatives)

**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

**CATEGORIZATION IN COMMODITIES DERIVATIVES SEGMENTS**

I/We have been/shall be dealing through you as my/ our member broker on different Commodity Exchanges in my/our trading account opened /to be opened with you.

I/We hereby declare my/ our category for the commodities mentioned therein, as given below in accordance with SEBI circular no. SEBI/HO/CDMRD/DNPMP/CIR/P/2019/08 dated January 04, 2019

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

✓

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

## 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.

✓

\_\_\_\_\_  
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.




<b>For office use only</b> (To be filled by financial institution)	Application Type*	<input type="checkbox"/> New	<input type="checkbox"/> Update	
	KYC Number	<input style="width: 80%;" type="text"/> (Mandatory for KYC update request)		
	Account Type*	<input type="checkbox"/> Normal	<input type="checkbox"/> Minor	<input type="checkbox"/> Aadhaar OTP based E-KYC (in non-face to face mode)

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

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>
Maiden Name (If any*)	<input style="width: 95%;" type="text"/>			
Father / Spouse Name*	<input style="width: 95%;" type="text"/>			
Mother Name*	<input style="width: 95%;" type="text"/>			
Date of Birth*	<input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" 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 style="width: 80%;" type="text"/>			
Citizenship*	<input type="checkbox"/> IN- Indian <input type="checkbox"/> Others (ISO 3166 Country Code <input style="width: 20px;" 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) <input style="width: 80%;" type="text"/>			

**PHOTO**



Sign Across the photograph

**2. TICK IF APPLICABLE**  RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED\* (Mandatory only if section 2 is ticked)

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

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

ISO 3166 Country Code of Jurisdiction of Residence\*

Tax Identification Number or equivalent (If issued by jurisdiction)\*

Place / City of Birth\*                       ISO 3166 Country Code of Birth\*

**3. PROOF OF IDENTITY AND ADDRESS\*** (Please refer instruction B at the end)

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

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

II.  E- KYC Authentication

III.  Offline verification of Aadhaar

**Address**

Line 1\*

Line 2

Line 3                       City / Town / Village\*

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

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

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

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

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

II.  E- KYC Authentication

III.  Offline verification of Aadhaar

IV.  Deemed Proof of Address - Document type Code

**Address**

Line 1\* \_\_\_\_\_

Line 2 \_\_\_\_\_

Line 3 \_\_\_\_\_ City / Town / Village\* \_\_\_\_\_

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

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

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

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 \_\_\_\_\_

**INSTITUTION DETAILS**

Name **LARES ALGOTECH INDIA PRIVATE LIMITED**  
 Code **IN8240**



[Employee Signature]

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

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**

## 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 (%)**	Relation-ship	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%
<b>Total</b>	<b>100%</b>	-	<b>40%</b>	<b>60%</b>	<b>100%</b>

**DECLARATION FORM FOR OPTING OUT OF NOMINATION**

To,

**Lares Algotech 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

## 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