CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual Important Instructions: A) Fields marked with '*' are mandatory fields. E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end. F) List of two character ISO 3166 country codes is available at the end. B) Please fill the form in English and in BLOCK letters. G) KYC number of applicant is mandatory for update application. C) Please fill the date in DD-MM-YYYY format. H) For particular section update, please tick () in the box available before the D) Please read section wise detailed guidelines / instructions section number and strike off the sections not required to be updated. at the end Update Application Type* New For office use only (To be filled by financial institution) KYC Number (Mandatory for KYC update request) Account Type* ☐ Simplified (for low risk customers) □ Normal ☐ Small 1. PERSONAL DETAILS (Please refer instruction A at the end) Middle Name Last Name Prefix First Name ■ Name* (Same as ID proof) Maiden Name (If any*) Father / Spouse Name* Mother Name* Date of Birth* рното Gender* ☐ M- Male ☐ F- Female ☐ T-Transgender Unmarried Marital Status* Married Others ☐ IN- Indian Others (ISO 3166 Country Code Citizenship* Residential Status* ☐ Resident Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin ☐ Us Citizen or Green Card Holder Occupation Type* □ S-Service (□ Private Sector) ☐ Public Sector ☐Government Sector) \square O-Others (\square Professional ☐ Self Employed Retired Housewife Student) □ B-Business Signature / Thumb ☐ X- Not Categorised Impression **Gross Annual Income Details (please specify):** Income Range per annum Below `1 Lac ☐ ` 1-5 Lac __ ` 5-10 Lac ☐ ` 10-25 Lacs Above ` 25 Lacs (Net worth should not be older than 1 year) OR Net-worth as on Please tick, If applicable Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP) Any Other Information : □ 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) 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 (Pol)* (Please refer instruction C at the end) (Certified copy of any one of the following Proof of Identity[Pol] needs to be submitted) A- Passport Number Passport Expiry Date B- Voter ID Card C-PAN Card Driving Licence Expiry Date D- Driving Licence E- UID (Aadhaar) F- NREGA Job Card Z- Others (any document notified by the central government) Identification Number S- Simplified Measures Account - Document Type code Identification Number 4. PROOF OF ADDRESS (PoA)* 4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction **D** at the end) (Certified copy of any one of the following Proof of Address [PoA] needs to be submitted) Address Type* Residential / Business Residential Business Registered Office ☐ Unspecified Proof of Address* Passport UID (Aadhaar) ☐ Driving Licence ☐ Voter Identity Card ☐ NREGA Job Card ☐ Others ☐ Simplified Measures Account - Document Type code Address Line 1* Line 2

Pin / Post Code*

Line 3

District*

City / Town / Village*

ISO 3166 Country Code*

State / U.T Code*

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1') Line 1* Line 2 Line 3 District* Pin / Post Code* State / U.T Code* ISO 3166 Country Cod 4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is till Same as Current / Permanent / Overseas Address details	
Line 2 Line 3 District* Pin / Post Code* State / U.T Code* ISO 3166 Country Cod 4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is till	. *
Line 3 District* Pin / Post Code* State / U.T Code* ISO 3166 Country Cod 4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is till	
District* Pin / Post Code* State / U.T Code* ISO 3166 Country Cod 4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is till	- *
4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ti	
	a
Same as Current/ Fermanent/ Overseas Address details	cked)
Line 1*	
Line 2	
Line 3 City / Town / Village*	
State* ZIP / Post Code* ISO 3166 Country Code	*
☐ 5. CONTACT DETAILS (All communications will be sent on provided	
T Tel. (Res) Mobile	
FAX Email ID	+
6. DETAILS OF RELATED PERSON (In case of additional related persons, ple ase fill 'Annexure B1') (please refer instruction G at the end)	
Addition of Related Person Deletion of Related Person KYC Number of Related Person (if available*)	
Related Person Type* Guardian of Minor Assignee Authorized Representative	
Prefix First Name Middle Name Last Name Name*	
(If KYC number and name are provided, below details of section 6 are optional) el. (Off)	
PROOF OF IDENTITY [Pol] OF RELATED PERSON* (Please see instruction (H) at the end)	
A- Passport Number Passport Expiry Date	Υ
B- Voter ID Card	
C- PAN Card	
D- Driving Licence Expiry Date DD — MM — Y Y Y	Υ
E- UID (Aadhaar)	
F- NREGA Job Card	
Z- Others (any document notified by the central government)	
S- Simplified Measures Account - Document Type code	
7. REMARKS (If any) Mobile no. / Email-ID) (Please refer instruction F at the end)	
The first the first the shelf	
8. 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	
 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 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. [Signature / Thumb Impression]	
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 hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.	cant
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. [Signature / Thumb Impression]	cant
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 hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.	cant
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 hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. Date: Date: Signature / Thumb Impression of Apple of Ap	cant
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 hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. Date: Discription Place:	cant
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 hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. Date: Date: Signature / Thumb Impression of Apple of Ap	icant
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 hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. Date: Place: Signature / Thumb Impression of Appl 9. ATTESTATION / FOR OFFICE USE ONLY IPV Done / Documents Received	icant
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 hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. Date: Place: Signature / Thumb Impression of Appl Place: Signature / Thumb Impression of Appl Place: IPV Done / Documents Received	
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 hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. Date: Place: Signature / Thumb Impression of Appl Place: IPV Done / Documents Received	
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 hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. Date: By Definition of Applements Received Certified Copies KYC VERIFICATION CARRIED OUT BY IPV Done on Date Emp. Name Emp. Code I N O N D Z G L O B A L S E C L Code I N O O 7 5	
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 hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. Date: Date:	
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 hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. Date: By Definition of Applements Received Certified Copies KYC VERIFICATION CARRIED OUT BY IPV Done on Date Emp. Name Emp. Code I N O N D Z G L O B A L S E C L Code I N O O 7 5	
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 misteading or misrepresenting, I am aware that I may be held liable for it. I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. Date : D D M M V Y Y Y Place : Signature / Thumb Impression of Appl	
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 hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. Date: Description For Office USE ONLY	

Account Details Addition / Modification / Deletion Request Form

ALMONDZ GLOBAL SECURITIES LTD. F 33/3 Okhla Industrial Area Phase - II, New Delhi-110020																										
Application No.											Date															
Please fill all the det	ails in I	Block I 2	Letters 0	in En		<u>h</u> 1	9	Ι 0	. 1	0	Clien	t ID				-		l	1	1		1		-1		
Trading id											Cilcii	LID														
Account Holder's	Detail	<u> </u>																								
Name of First / Sole																										
Name of Second Hold																										
Name of Third Holder																										
I/We request to carry out the change of address / signature in the demat account I/We request to carry out the change of address / signature in the KRA and demat account I/We request you to make the following additions / modifications / deletions to my/our account in your records.																										
Details (Pl. spe change of addr bank deta telephone numbe etc.)	ess, ails,	Dele	ficatio		/ /)			Exist	ting) Det	ails			New Details												
Attach an Annexure			ure(s)) ole Hol		spa	ace a	bove			insuf				Third Holder												
Name						T															-					
Signature																										
Received Account D							Ac	knov	wle	dgen	nent R	eceip	ot				==	===		==:	=					
Application No.											ate	D		D	١	1	М		Υ		Υ		Y	Υ		
DP ID	ret Lisi	dor			Ţ						Client	ID														
Name of the Sole / Fi Name of Second joint					+																				=	
Name of Third joint H					-																					

C. TRADING PREFERENCES

*Please sign in the relevant boxes where you wish to trade. The segment not chosen should be struck off by the client.

Exchanges	Cash Segments	Signature	Derivatives Segments	Signature
NSE	Cook		F&O	
NSE	Cash		Currency	
BSE	Cash		Currency	

If, in future, the client wants to trade on any new segment/new exchange, separate authorization/letter should be taken from the client by the stock broker.

by the electroner.	
D. PAST ACTIONS	
constituent or its Partners/p	eedings initiated/pending/ taken by SEBI/ Stock exchange/any other authority against the applicant/romoters/whole time directors/authorized persons in charge of dealing in securities during the last 3 years :
2	
E. DEALINGS THROUG	H SUB-BROKERS AND OTHER STOCK BROKERS
 If Client is dealing the 	ough the sub-broker, provide the following details :
Sub-broker's Name	:
SEBI Registration No.	:
Registered Office Address	:
	Pin Code :
Phone	: Fax :
Website	:
	Pin Code :
Client Code Details of disputes/dues pe	: Exchange
F. ADDITIONAL DETAI	_S
Whether you wish to re	eceive physical contract note or Electronic Contract Note (ECN) (please specify) :
	Physical Contract Note Electronic Contract Note
Specify your Email id,	f applicable :
	ail of the facility of internet trading/ wireless technology (please specify)
	ONLINE OFFLINE
 Number of years of Inv 	estment/Trading ExperienceYears
Any other information	



Almondz Global Securities Ltd.

DP of Central Depository Services(i) Ltd.
Hear office & Regd.office:F33/3, Okhla Industrial Area
Phase-II, Delhi-110001
Tel. (011):43500700-800 Fax (011) 43500735

Tel. (011):43500700-800 Fax (011) 43500735 DP-ID 12041900 ,SEBI Reg.No IN-Dp-CDSL-328-2006

Nomination Form

Almondz Global Securities Ltd.							FORM FOR NOMINATION (To be filled in by individual applying singly or jointly)																												
														(10 t	e j	ınea	ını	oy u	iaivi	аи	ан ар	ріу	ing	sing	iy or	joinii	iy)								
Da Tradin	g Code:		D	Μ	Μ	Y		Y	Y	Y		UCC/ I	OP ID	Ι	2	2	0	2	1	9	0	0		Cli	ent ID										_
Tradili	g Code.	-																																	_
I	We wish	to m	ake	a noi	mina	tion.	[A.	s per	r d	etails	give	n belo	w]																						
N	Nomination Details																																		
	I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death.																																		
	minatio minees i					o thr	ee		Details of 1st Nominee								Deta	ils	of 2	end I	Non	inee	!	Details of 3 rd Nominee											
1	Name	of the	non	ninee	(s) (l	Mr./	Ms.)																											
2	Share of Equally each						%																%	9,											
Nominee [If not equally, please specify percentage]									Any	odd	l lot aft	er divis	ion sh	ali	be t	ran	sfer	red to	o t	he fir	st i	nom	inee	meni	ione	d ir	ı the	e fo	orm.						
3	Relatio		p Wi	ith th	ie Aj	pplic	cant	t																											
4	Addre	ss of I	Nom	inee((s)																														
	City / I State &																																		
					PIN	Сос	de																												
5	Mobile nomin		leph	one N	No. c	of																													
6	Email	ID of	non	ninee	(s)																														
7	Nomin [Please and pro	tick :	any	one o	of fo	llow																													
	Photog Aadhaa accoun Demat	graph ar ıt no	& . P	Savi Savi	gnatı ng	ıre	Ba	nk																											
Sr. N	os. 8-14	shoul	d be	fille	d on	ly if	noi	mine	e(s	s) is a	min	or:																							
8	Date o		-	n cas	e of	min	or																												
9	Name case of						{in	1																											
10 Address of Guardian(s)																																			



Almondz Global Securities Ltd.

DP of Central Depository Services(i) Ltd. Hear office & Regd.office:F33/3, Okhla Industrial Area Phase-II, Delhi-110001

	City / Place: State & Country:					
	PIN Code					
11	Mobile / Telephone no. of Guardian					
12	Email ID of Guardian					
13	Relationship of Guardian with nominee					
14	Guardian Identification details - [Please tick any one of following and provide details of same] Photograph & Signature PAN Aadhaar Saving Bank account no. Proof of Identity Demat Account ID					
		Name(s) of holder(s	s)	Signature(s)	holder*	
Sole	e / First Holder (Mr./Ms.)				I	
Se	cond Holder (Mr./Ms.)					
Th	ird Holder (Mr./Ms.)					

^{*} Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature



Declaration Form for opting out of nomination

То	Da	te	D	D	M	M	Υ	Υ	Υ	Υ			
Almondz Global Securities Ltd. DP of Central Depository Services(i) Ltd. Hear office & Regd.office:F33/3, Okhla Industrial Area Phase-II, Delhi-110001 Tel. (011):43500700-800 Fax (011) 43500735 DP-ID 12041900 ,SEBI Reg.No IN-Dp-CDSL-328-2006													
UCC/DP ID	I	N											
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. Name and Signature of Holder(s)*													
12					3								

^{*} Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature