

A. IMPORTANT POINTS:

1. Self attested copy of PAN card is mandatory for all clients.
2. Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the below mentioned list.
3. If any proof of identity or address is in a foreign language, then translation into English is required.
4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
5. If correspondence & permanent address are different, then proofs for both have to be submitted.
6. Sole proprietor must make the application in his individual name & capacity.
7. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIO Card/OC Card and overseas address proof is mandatory.
8. For foreign entities, CIN is optional; and in the absence of DIN no. for the directors, their passport copy should be given.
9. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
10. For opening an account with Depository participant or Mutual Fund, for a minor or photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board/Passport of Minor/Birth Certificate must be provided.
11. Politically Exposed Persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/Judicial/military officers, senior executives of state owned corporations, important political party officials, etc.

B. Proof of Identity (POI): List of documents admissible as Proof of Identity:

1. PAN card with photograph. This is a mandatory requirement for all applicants except those who are specifically exempt from obtaining PAN (listed in Section D).
2. Unique Identification Number (UID) (Aadhaar)/Passport/Voter ID card/Driving license.
3. Identity card/ document with applicant's Photo, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members; and Credit cards/Debit cards issued by Banks.

C. Proof of Address (POA): List of documents admissible as Proof of Address: (* Documents having an expiry date should be valid on the date of submission.)

1. Passport/Voters Identity Card/Ration Card/Registered Lease or Sale Agreement of

Residence/Driving License/Flat Maintenance bill/Insurance Copy.

2. Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill - Not more than 3 months old.
3. Bank Account Statement/Passbook - Not more than 3 months old.
4. Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts.
5. Proof of address issued by any of the following: Bank Managers of Scheduled Commercial Banks/Scheduled Co-Operative Bank/Multinational Foreign Banks/Gazetted Officer/Notary public/Elected representatives to the Legislative Assembly/Parliament/Documents issued by any Govt. or Statutory Authority.
6. Identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members.
7. For FII/sub account, Power of Attorney given by FII/sub-account to the Custodians (which are duly notarized and/or apostiled or consularised) that gives the registered address should be taken.
8. The proof of address in the name of the spouse may be accepted.

D. Exemptions/clarifications to PAN

(* Sufficient documentary evidence in support of such claims to be collected.)

1. In case of transactions undertaken on behalf of Central Government and/or State Government and by officials appointed by Courts e.g. Official liquidator, Court receiver etc.
2. Investors residing in the state of Sikkim.
3. UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.
4. SIP of Mutual Funds upto Rs 50,000/- p.a.
5. In case of institutional clients, namely, FIIs, MFs, VCFs, FVCI, Scheduled Commercial Banks, Multilateral and Bilateral Development Financial Institutions, State Industrial Development Corporations, Insurance Companies registered with IRDA and Public Financial Institution as defined under section 4A of the Companies Act, 1956, Custodians shall verify the PAN card details with the original PAN card and provide duly certified copies of such verified PAN details to the intermediary.

E. List of people authorized to attest the documents:

1. Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
2. In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy/Consulate General in the country where the client resides are permitted to attest the documents.

F. In case of Non-Individuals, additional documents to be obtained from Non-individuals, over & above the POI & POA, as mentioned below:

Types of entity	Documentary requirements
Corporate	<ul style="list-style-type: none"> • Copy of the balance sheets for the last 2 financial years (to be submitted every year) • Copy of latest share holding pattern including list of all those holding control, either directly or indirectly, in the company in terms of SEBI takeover Regulations, duly certified by the company secretary/Whole time director/MD (to be submitted every year) • Photograph, POI, POA, PAN and DIN numbers of whole time directors/two directors in charge of day to day operations • Photograph, POI, POA, PAN of individual promoters holding control – either directly or indirectly • Copies of the Memorandum and Articles of Association and certificate of incorporation • Copy of the Board Resolution for investment in securities market • Authorised signatories list with specimen signatures
Partnership firm	<ul style="list-style-type: none"> • Copy of the balance sheets for the last 2 financial years (to be submitted every year) • Certificate of registration (for registered partnership firms only) • Copy of partnership deed • Authorised signatories list with specimen signatures • Photograph, POI, POA, PAN of Partners
Trust	<ul style="list-style-type: none"> • Copy of the balance sheets for the last 2 financial years (to be submitted every year) • Certificate of registration (for registered trust only). Copy of Trust deed • List of trustees certified by managing trustees/CA • Photograph, POI, POA, PAN of Trustees
HUF	<ul style="list-style-type: none"> • PAN of HUF • Deed of declaration of HUF/List of coparceners • Bank pass-book/bank statement in the name of HUF • Photograph, POI, POA, PAN of Karta
Unincorporated Association or a body of individuals	<ul style="list-style-type: none"> • Proof of Existence/Constitution document • Resolution of the managing body & Power of Attorney granted to transact business on its behalf • Authorized signatories list with specimen signatures
Banks/Institutional Investors	<ul style="list-style-type: none"> • Copy of the constitution/registration or annual report/balance sheet for the last 2 financial years • Authorized signatories list with specimen signatures
Foreign Institutional Investors (FII)	<ul style="list-style-type: none"> • Copy of SEBI registration certificate • Authorized signatories list with specimen signatures
Army/Government Bodies	<ul style="list-style-type: none"> • Self-certification on letterhead • Authorized signatories list with specimen signatures
Registered Society	<ul style="list-style-type: none"> • Copy of Registration Certificate under Societies Registration Act • List of Managing Committee members • Committee resolution for persons authorised to act as authorised signatories with specimen signatures • True copy of Society Rules and Bye Laws certified by the Chairman/Secretary

Details of Promoters/ Partners/ Karta / Trustees and whole time directors forming a part of Know Your Client (KYC) Application Form for Non-Individuals

Name of Applicant _____ PAN of the Applicant

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Sr. No.	PAN	Name	DIN (For Directors) / UID (For Others)	Residential / Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Whether Politically Exposed	Photograph
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	

5

(3)
Name & Signature of the Authorised Signatory(ies)

Date

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PEP: Politically Exposed Person **RPEP:** Related to Politically Exposed Person

Account Details Addition / Modification / Deletion Request Form

ALMONDZ GLOBAL SECURITIES LTD . F 33/3 Okhla Industrial Area Phase - II, New Delhi-110020
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Application No.	Date
-----------------	------

Please fill all the details in Block Letters in English

DP ID	1	2	0	4	1	9	0	0	Client ID										
-------	---	---	---	---	---	---	---	---	-----------	--	--	--	--	--	--	--	--	--	--

Trading id	
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Account Holder's Details	
Name of First / Sole Holder	
Name of Second Holder	
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. specify change of address, bank details, telephone number etc.)	Addition / Modification / Deletion (Please specify)	Existing Details	New Details

Attach an Annexure (with signature(s)) if the space above is found insufficient.

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature			

===== (Please Tear Here) =====

Acknowledgement Receipt

Received Account Details Addition / Modification / Deletions request as per details given below :

Application No.	Date	D	D	M	M	Y	Y	Y	Y
DP ID									
Name of the Sole / First Holder									
Name of Second joint Holder									
Name of Third joint Holder									

Depository Participant Seal and Signature

KNOW YOUR CLIENT (KYC) APPLICATION FORM

ANNEXURE-2

A. IDENTITY DETAILS

FOR NON-INDIVIDUAL

Name of the Applicant : Please fill this form in ENGLISH and in BLOCK LETTERS

Please affix and sign across your recent coloured Photograph

Date of incorporation : - -

Place of Incorporation :

Date of Commencement of Business : - -

PAN : Registration No. (e.g. CIN) : _____

Status (please tick any one) : Private Limited Co. Public Ltd. Co. Body Corporate Partnership

Trust Charities NGO's FI FII HUF

AOP Bank Government Body Non-Government Organization

Defense Establishment BOI Society LLP Other (please specify) _____

B. ADDRESS DETAILS

Address for Correspondence :
City/Town/Village : Pin Code :

State : Country :

Contact Details : Tel. (Office) : Tel. (Res.) : Mobile :

Fax : E-mail :

Specify the proof of address submitted for correspondence address :

Registered Address :

(if different from above) City/Town/Village : Pin Code :

State : Country :

Specify the proof of address submitted for permanent address :

C. OTHER DETAILS

Gross Annual Income Details (please specify): Income Range per annum

Below ` 1 Lac ` 1-5 Lac ` 5-10 Lac ` 10-25 Lacs ` 25 Lacs - 1 Crore Above ` 1 Crore

Net-worth as on - - _____ (*Net worth should not be older than 1 year)

Name, PAN, Residential Address, Photographs & Other Details of Promoters/Partners/Karta/Trustees, whole time directors and of persons authorised to deal in securities on behalf of company/firm/others:

Name (1) :

Designation : PAN :

Residential Address :

City/Town/Village : Pin Code :

State : Country :

DIN / UID :

Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/whole time directors:

Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)

Any Other Information :

Photographs of Promoters/Partners /Karta/Trustees and whole time directors & authorised signatories

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	Cash		F&O	
			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.

D. 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 :

1.
2.
3.

E. DEALINGS THROUGH SUB-BROKERS AND OTHER STOCK BROKERS

• If Client is dealing through the sub-broker, provide the following details :

Sub-broker's Name :

SEBI Registration No. :

Registered Office Address : Pin Code :

Phone : Fax :

Website :

• Whether dealing with any other stock broker/sub-broker

(if case dealing with multiple stock brokers/sub-brokers, provide details of all)

Name of Stock Broker :

Name of Sub-broker (if any) :

Registered Office Address : Pin Code :

Client Code : Exchange

Details of disputes/dues pending from/to such stock broker/sub- broker :

F. ADDITIONAL DETAILS

• Whether you wish to receive physical contract note or Electronic Contract Note (ECN) (please specify) :

Physical Contract Note Electronic Contract Note

Specify your Email id, if applicable :

• Whether you wish to avail of the facility of internet trading/ wireless technology (please specify)

ONLINE OFFLINE

• Number of years of Investment/Trading Experience Years

• Any other information :

FORMAT OF BOARD RESOLUTION IN CASE OF CORPORATES / TRUSTS

CERTIFIED TRUE COPY OF THE RESOLUTION PASSED AT THE MEETING OF THE BOARD OF DIRECTORS/TRUSTEES/OF _____

LTD../TRUST AND HAVING ITS REGISTERED OFFICE AT _____

HELD ON _____ DAY OF _____

2009 AT _____ A.M./P.M.

RESOLVED THAT the Company / Trust be registered as CLIENT with Almondz Global Securities Ltd., Bombay Stock Exchange Ltd. (BSE), National Stock Exchange of India Ltd. (NSE), Over The Counter Exchange of India (OTC), the MCX Stock Exchange Ltd. and any other exchanges for the purpose of dealing in equities, derivatives, debentures, currency derivatives, debt & other products and the said Member be and is hereby authorised to honour instruction oral or written, given on behalf of the Company/Trust by any of the under noted authorised signatories:-

Sr. No.	Name	Designation
1.		
2.		
3.		

who are authorised to sell, purchase, transfer, endorse, negotiate, and/or otherwise deal with/through deal through Almondz Global Securities Ltd. on behalf of the Company/Trust.

RESOLVED FURTHER THAT Mr./Ms. _____

and/or Mr./Ms. _____

Directors / Trustees of the Company / Trust be and are hereby authorised to sign, execute and submit such applications, undertakings, agreements and other requisite documents, writings and deeds as may deemed necessary or expedient to give effect to this resolution.

AND RESOLVED FURTHER THAT, the Common Seal of the Company be affixed, wherever necessary, in the presence of any Directors or of any one director and Company Secretary, who shall sign in token of their presence.

For _____ Ltd.

Chairman/Company Secretary/All Trustees

Specimen Signatures of the Authorised Persons

Sr. No.	Name	Specimen Signature



DECLARATION BY KARTA & ALL CO-PARCERNERS IN CASE OF HUF ACCOUNT

(This Declaration is to be obtained only if the Client is a HUF)

Almondz Global Securities Ltd.

F - 33/3, Okhla Industrial

Area, Phase - II,

New Delhi - 110020

A/c No. _____

1. WHEREAS the Hindu Undivided Family of _____ is carrying on business in the firm name and style of _____ at _____ or we intent to deal, have or desire to have Share Trading Account with Almondz Global Securities Ltd. (hereinafter referred as 'Member') We, undersigned, hereby confirm and declare that we are the present adult co-parceners of the said joint family; that _____ is the present karta of the said joint family.
2. We confirm that affairs of the H.U.F. firm are carried on mainly by the Karta _____ on behalf and in the interest and for the benefit of all the co-perceners WE hereby authorize the Karta _____ on behalf of the H.U.F. to deal on Capital market segment (CM), Futures and Options segment (F&O), Retail Debt Market segment (RDM) or any other segment that may be introduced by NSE/BSE in future and the said Trading Member is hereby authorized to honour all instructions oral or written, given by him on behalf of the H.U.F.
Mr./Mrs _____ is authorized to sell, purchase, transfer, endorse, negotiate documents and/ / or otherwise deal through Almondz Global Securities Ltd. on behalf of the H.U.F. _____ He is also authorized to sign, execute and submit such applications, undertakings, agreements and other requisite documents, writings and deeds as may be deemed necessary or expedient to open account and give effect to this purpose. We are, however, jointly and severally responsible for all liabilities of the said H.U.F firm to the Member and agree and confirm that any claim due to the Member from the said H.U.F. firm shall be recoverable from the assets of any one or all of us and also from the estate of the said joint family including the interest thereon of every co-parceners, if any.
3. We undertake to advise the Member in writing of any change that may occur in the Kartaship or in the constitution of the said joint family or of said H.U.F. firm and until receipt of such notice by the Member which shall be binding on the said joint family and the said H.U.F firm and on our respective estates. We shall, however, continue to be liable jointly and severally to the Member for all dues obligations of the said H.U.F. firm in the Member's book on the date of the receipt of such notice by the Member and until all such dues and obligations shall have been liquidated and discharged.
4. The names and dates of birth of the present minor co-parceners of the said joint family are given below. We undertake to inform you in writing as and when each of the said members attains the age of majority and is authorized to act on behalf of, and bind the said H.U.F. Firm.

No.	Details of Members	Name	Age	Relationship	Sex	Address	Signature
1.	Karta						
2.	Co-parcener						
3.	Co-parcener						
4.	Co-parcener						
5.	Co-parcener						

No.	Name of the Minor	Father's Name	Date of Birth
1.			
2.			

*To be signed by the client alongwith rubber stamp only in case of HUF Account



AUTHORITY LETTER IN FAVOUR OF MANAGING PARTNERS

(To be obtained on pre-printed letter head of the firm)
(This Letter is to be obtained only if the client is a Partnership firm)

To,

Almondz Global Securities Ltd.

F - 33/3, Okhla Industrial

Area, Phase - II

New Delhi 110020

Dear Sir,

We refer to the trading account opened with you in the name M/s.

Dated:

We hereby authorise following partners severally on behalf of the firm:

Name of Partner	Designation	Specimen Signature
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

to sign, execute and submit various papers and documents and to sell, purchase, transfer, endorse and negotiate and to do all acts and formalities that may be necessary to open and operate share trading account with Almondz Global Securities Ltd. on behalf of the firm.

We also authorise them to sign the authority letter for adjustment of balances in family accounts.

We recognize that a beneficiary account cannot be opened with a depository participant in the name of the partnership firm as per regulations. To facilitate the operation of the above trading account with you and for the purpose of completing the securities transfer obligations, pursuant to the trading operations, we authorize you to recognize the beneficiary account No. _____

with depository _____ having DP ID _____ opened as a joint account in the names of the all the partners of the firm.

I/We agree that the obligations for shares purchased and/or sold by the firm will be handled and completed through transfer to/from the above-mentioned account. We recognize and accept transfers made by you to the beneficiary account as complete discharge of obligations by you in respect of trades executed in the above trading account of the firm.

Yours Truly,

Name of Partner	Designation	Specimen Signature
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Instruction: Should be signed by all partners of the firm with rubber Stamp



FATCA / CRS DECLARATION FOR NON-INDIVIDUAL ACCOUNTS

Note : The information in this section is being collected because of enhancements to Almondz Global sec ltd new account on-boarding procedures in order to comply with Foreign Account Tax Compliance Act (FATCA) requirements pursuant to amendments made to Income-tax Act, 1961 read with Income-tax Rules, 1962:

Trading / Demat ID : _____

FATCA / CRS declaration and details for entities

(We are unable to provide advice about your FATCA classification or interpretation of any terms.
Please therefore seek advice from a tax professional on any FATCA aspects)

Part A – Preliminary details (All fields mandatory)

Sr No	Particulars	Details of Applicant		
1.	Permanent Account Number (PAN) of the entity <i>[if any]</i>			
2.	Name of the Entity			
3.	Address for Tax Residence (including city, state, country and pin code)			
4.	Address Type (Business or registered office)			
5.	Type of Entity			
6.	Do you satisfy any of the criteria mentioned below?			
	a. Is the entity a U.S. person	Yes <input type="checkbox"/> (Please answer b)	No <input type="checkbox"/> (Please go to c)	Entity's exemption code: _____ <i>(Refer instruction 5 in</i>
	b. Is the entity a Specified US Person	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	c. Is the entity formed/incorporated outside India	Yes <input type="checkbox"/> No <input type="checkbox"/> <<If yes, please specify city and country of incorporation/formation>> (Please go to next question)		
	d. Is the entity having Tax Residency in any country (ies) other than India	Yes <input type="checkbox"/> << If yes, please provide the following details>>		
		No <input type="checkbox"/> (Please go to next question)	Country of Tax residency	Tax Identification No. / Functional equivalent of the foreign country
7.	Is the entity a Financial Institution (FI) {including an Foreign Financial Institution} Or A Direct Reporting NFFE	Yes <input type="checkbox"/> (Please fill Part B)	No <input type="checkbox"/> (Go to next question)	
8.	Is the entity a publicly traded corporation / a related entity of a publicly traded corporation / Active NFFE	Yes <input type="checkbox"/> (Please fill Part C)	No <input type="checkbox"/> (Please go to Part D)	

#In case Tax Identification Number is not available, kindly provide functional equivalent or Company Identification Number or Global Entity Identification

Part B – If your answer to question 7 in Part A is a YES, please provide details in relation to Financial Institutions/ Foreign Financial Institutions or Direct Reporting NFFEs

Particulars	Details of applicant
<p>The entity is:</p> <p>1. Financial Institution <input type="checkbox"/></p> <p>2. Direct Reporting NFFE <input type="checkbox"/></p>	<p>Global Intermediary Identification Number (GIIN)</p> <p>_____</p> <p><i>Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN and name below:</i></p> <p>Name of sponsoring entity: _____</p> <p>Sponsoring Entity's GIIN: _____ (If GIIN provided, please go directly to the declaration and acknowledgment)</p>
<p>If GIIN not available [tick any one]: (Not applicable to Direct Reporting NFFE)</p>	<p>a. Not obtained: <input type="checkbox"/> b. Applied for <input type="checkbox"/></p> <p>_____ [insert application date]</p> <p>c. GIIN not required</p> <p>Please specify reasons: _____</p> <p>Please insert code: _____</p>

Part C – If your answer to question 8 in Part A is a YES, please provide following details:

Sr No	Particulars	Details of applicant
1.	a. Are you a publicly traded company?	Yes <input type="checkbox"/> No <input type="checkbox"/> [Please fill C1(b)] (Please fill C2)
	b. Are your shares regularly traded on a recognized stock exchange	Yes <input type="checkbox"/> No <input type="checkbox"/> (Please fill C2) If yes, please provide name of the stock exchange where the shares are regularly traded: 1. _____ 2. _____ (Please go to Declaration and Acknowledgment)
2.	Are you a related entity# of a listed company mentioned in Part C (1) above # <i>Related entity</i> – An entity is a related entity of another entity if either entity controls the other entity or the two entities are under common control	Yes <input type="checkbox"/> No <input type="checkbox"/> Nature of relation with the related entity: (Please fill C3) <input type="checkbox"/> Subsidiary of the listed company <input type="checkbox"/> Controlled by a listed company If yes, please provide name of the related entity that is listed : _____ Name of the stock exchange where the shares of the related listed entity are regularly traded: 1. _____ (Please go to Declaration and Acknowledgment)
3.	Entity is an Active NFFE	Please specify nature of business _____ Category _____ (Refer codes in Instruction 3) (Provide UBO details in Part D and go to Declaration and Acknowledgment)

Part D – If your answer to question 8 in Part A is a NO, please provide following details:

Entity is an Passive NFFE Entity is Active
 (other than Direct reporting NFFE)
 Please specify nature of business: _____

Provide details of all UBO/s or Controlling person/s, [natural persons as per PMLA] (including Owner Documented FFI's in the table below

Are you an Owner-documented FFI's - Yes No

If 'Yes', in addition to the below details, please provide a duly filled form W8BEN E along with FFI Owner Reporting Statement and Auditor's Letter.

If 'No', Please provide below details only.

Name of UBO	Date of Birth	Gender	Country of Tax residency	Nationality	Residence address for tax purposes	Fathers name (If PAN not available)	Tax identification number or equivalent & Tax identification/ functional equivalent document	Identification document: Passport/ PAN etc.	City and Country of Birth	UBO Code

Note: In case of a multiple intermediaries, please provide the shareholding / controlling structure of each such intermediary/ies.

- A. If any of the UBO is a resident / citizen of 'other than India' or citizen / tax resident / green card holder of country, please provide Taxpayer ID Number or equivalent / Social Security Number [SSN]
- B. Submit documentary proof like shareholding pattern duly self-attested by Authorized Signatory / Company Secretary
- C. If number of UBOs are greater than 4 or the space required is insufficient, information in the given format can be given in additional sheets

Please also fill the Beneficial Owner Customer Relation Form for the UBOs

Declaration & Acknowledgement	I / We _____ being the beneficial owner of the account opened / to be opened with Almondz global sect ltd and the income credited therein declare that the above information and information in the submitted documents to be true, correct and updated, and the submitted documents are genuine and duly executed I / We acknowledge that towards compliance with tax information sharing laws, such as FATCA / CRS, the Broker may be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from the account holder. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances (including if the Broker does not receive a valid self-certification from me) the Broker may be obliged to share information on my account with relevant tax authorities. Should there be any change in any information provided by me, I ensure that I will intimate the Broker promptly, i.e., within 30 days. Towards compliance with such laws, the Broker may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. As may be required by domestic or overseas regulators/ tax authorities, the Broker may also be constrained to withhold and pay out any sums from my account or close or suspend my account(s).			
Customer / Authorized person Signature & Designation				
Date				

Broker use section

Signature Verified by Sign & Emp Code Receiver's Stamp

Date