

Important Instructions:

A) Fields marked with ****** are mandatory fields.
 B) Please fill the form in English and in BLOCK letters.
 C) Please fill the date in DD-MM-YYYY format.
 D) Please read section wise detailed guidelines / instructions at the end.
 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.
 G) KYC number of applicant is mandatory for update application.
 H) 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 (To be filled by financial institution)	Application Type*	<input type="checkbox"/> New <input type="checkbox"/> Update	<i>(Mandatory for KYC update request)</i>	
	KYC Number	<input type="text"/>		
	Account Type*	<input type="checkbox"/> Normal <input type="checkbox"/> Simplified (for low risk customers) <input type="checkbox"/> Small		

□ 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 type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	D D	M M	Y Y Y Y
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
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/> <input type="text"/>)	
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian	<input type="checkbox"/> Us Citizen or Green Card Holder
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"/> Self Employed	<input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student)
	<input type="checkbox"/> O-Others (<input type="checkbox"/> Professional <input type="checkbox"/>)	<input type="checkbox"/>)	
	<input type="checkbox"/> B-Business	<input type="checkbox"/>)	
	<input type="checkbox"/> X- Not Categorised	<input type="checkbox"/>)	

PHOTO

 Signature / Thumb 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

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

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*	<input type="text"/>
Tax Identification Number or equivalent (If issued by jurisdiction)*	<input type="text"/>
Place / City of Birth*	<input type="text"/>
	ISO 3166 Country Code of Birth*

□ 3. PROOF OF IDENTITY (PoI)* (Please refer instruction C at the end)

(Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted)

<input type="checkbox"/> A- Passport Number	<input type="text"/>	Passport Expiry Date	D D - M M - Y Y Y Y	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>			
<input type="checkbox"/> C- PAN Card	<input type="text"/>			
<input type="checkbox"/> D- Driving Licence	<input type="text"/>	Driving Licence Expiry Date	D D - M M - Y Y Y Y	<input type="text"/>
<input type="checkbox"/> E- UID (Aadhaar)	<input type="text"/>			
<input type="checkbox"/> F- NREGA Job Card	<input type="text"/>			
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> S- Simplified Measures Account - Document Type code	<input type="text"/>	Identification Number	<input type="text"/>	<input type="text"/>

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*	<input type="checkbox"/> Residential / Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Unspecified
Proof of Address*	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> UID (Aadhaar)		
	<input type="checkbox"/> Voter Identity Card	<input type="checkbox"/> NREGA Job Card	<input type="checkbox"/> Others	<input type="text"/> please specify	<input type="text"/>
	<input type="checkbox"/> Simplified Measures Account	- Document Type code	<input type="text"/>	<input type="text"/>	<input type="text"/>

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"/>	State / U.T Code*	<input type="text"/>
		ISO 3166 Country Code*	<input type="text"/>



<input type="checkbox"/> 4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction E at the end)											
<input type="checkbox"/> Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')											
Line 1*											
Line 2											
Line 3											City / Town / Village*
District*	Pin / Post Code*			State / U.T Code*			<input type="checkbox"/> <input type="checkbox"/>	ISO 3166 Country Code*			

<input type="checkbox"/> 4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)			
<input type="checkbox"/> Same as Current / Permanent / Overseas Address details	<input type="checkbox"/> Same as Correspondence / Local Address details		
Line 1*			
Line 2			
Line 3			City / Town / Village*
State*	ZIP / Post Code*	ISO 3166 Country Code*	

PROOF OF IDENTITY [Pol] OF RELATED PERSON* (Please see instruction (H) at the end)					
<input type="checkbox"/> A- Passport Number	[REDACTED]		Passport Expiry Date	[REDACTED]	
<input type="checkbox"/> B- Voter ID Card	[REDACTED]		[REDACTED]		[REDACTED]
<input type="checkbox"/> C- PAN Card	[REDACTED]		[REDACTED]		[REDACTED]
<input type="checkbox"/> D- Driving Licence	[REDACTED]		Driving Licence Expiry Date	[REDACTED]	
<input type="checkbox"/> E- UID (Aadhaar)	[REDACTED]		[REDACTED]		[REDACTED]
<input type="checkbox"/> F- NREGA Job Card	[REDACTED]		[REDACTED]		[REDACTED]
<input type="checkbox"/> Z- Others (any document notified by the central government)	[REDACTED]		Identification Number	[REDACTED]	
<input type="checkbox"/> S- Simplified Measures Account - Document Type code	[REDACTED]		Identification Number	[REDACTED]	
<input type="checkbox"/> 7. REMARKS (If any)		Mobile no. / Email-ID) (Please refer instruction F at the end)			

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 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 Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

IPV Done / Documents Received **Certified Copies**

KYC VERIFICATION CARRIED OUT BY														
IPV Done on Date	DD-DD-MM-YYYY													
Emp. Name														
Emp. Code														
Emp. Designation														
Emp. Branch														

INSTITUTION DETAILS



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								
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Please fill all the details in Block Letters in English

DP ID	1	2	0	4	1	9	0	0	Client ID								
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Trading id																
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Account Holder's Details

Name of First / Sole Holder																
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Name of Second Holder																
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Name of Third Holder																
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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									Client ID								
Name of the Sole / First Holder																	
Name of Second joint Holder																	
Name of Third joint Holder																	