

Almondz-Wealth Limited

Regd. Office: Level 5, Grande Palladium, 175 C.S.T. Road, Off B.K.C. Kalina Santacruz (E) Mumbai -400098

Corporate Office: F-33/3, Okhla Industrial Area, Phase-II, New Delhi -110020, India. Tel.: 011 43500700

Business Associate Empanelment Form

Name / Company Name: _____

Date of Birth / Incorporation: _____ Status: Individual HUF Partnership firm Company

Contact Person: _____

Communication Address: _____

City: _____ State: _____ Pin: _____

Mobile No.: _____ Email Id: _____

Permanent Address: _____

City: _____ State: _____ Pin: _____

Mobile No.: _____ Email Id: _____

PAN No.: _____ Aadhar No.: _____

Educational Qualification: _____

AMFI Certified ARN No.: ARN - _____

Bank Account Details:

Account Holder Name: _____

Bank Name: _____ Account Type: Saving Current

Account No.: _____ Branch: _____ City: _____

MICR No.: _____ IFSC Code: _____

Experience in Financial Service (Years) _____

Involvement Full Time Part Time Nature of Business _____

Client Base Retail Corporate / Bank / Trust / HNI

Agency Code with UTI LIC POST OFFICE MUTUAL FUND GENERAL INSURANCE

Interest in Marketing EQUITY MUTUAL FUND FIXED DEPOSIT IPO NCD / BONDS LIFE INSURANCE

GENERAL INSURANCE PRIVATE PLACEMENT

Nomination Details: Yes No

I hereby nominate the person named below to receive the amounts of brokerage to my credit in the event of my death.

Nominee Name _____ Date of Birth _____

Relationship with (BA) _____ Guardian's Name (in case of Minor) _____

Address of Nominee/Guardian _____

City: _____ State: _____ Pin: _____

Pan No. _____ Mobile No. _____ Email Id: _____

The information above is correct and true to the best of my/our knowledge I/we hereby agree to abide by the terms & conditions mentioned overleaf.
Proof of residence & Identity to be attached herewith.

Place _____

Date _____

Applicant's Signature _____

For Office Use Only

Business Associate Code _____ Date of Empanelment _____

Branch _____ Relationship Manager _____

Approved By _____ Authorized By _____

TERMS AND CONDITIONS FOR BUSINESS ASSOCIATES

- Kindly put Business Associates code (Rubber Stamp) in sub-brokers column besides our code as main broker in Public Issue forms.
- The brokerage would be paid after receipt of the same from Registrars on allotment basis against forms bearing **AWL** code and Business Associates code as per the allotment statement received by us.
- As a Business Associate of the company under any circumstances you are not entitled or authorized to collect any cash from any sub agents on behalf of **AWL**.
- This business association is not transferable.
- Business Associates would solicit business only under his /her name and shall not issue any communication orally or in writing to his investors on our behalf unless expressly agreed to by us in working.
- The commission structure payable to Business Associates would be decided from time to time and may vary from Scheme to scheme. The payment would be made in favor of the name registered with us.
- Business Associates should take consistent interest in his/her agency work and mobilize funds in the various financial instruments promoted/handled by **AWL**.
- The performance of Business Associates will be closely monitored and those not meeting the performance criteria may be terminated at the discretion of **AWL**.
- **AWL** also reserves the right to alter, amend, add, delete and modify any of the above-mentioned terms and conditions.
- **AWL** reserves the right to terminate the appointment of Business Associates at any time without assigning any reason.
- Change in address and telephone number ought to be notified to **AWL** immediately.
- Business Associates shall not have any claim against **AWL** for any loss incurred by him/her as not anticipated and arising out of any revision in the rate of commission or change of terms and conditions of the association.

I/We hereby agree and accept all the above Terms and conditions.

Date: _____

Place: _____

Applicant's Signature

Annexures:

- For Individual & HUF - Self attested copy of Pan Card, Aadhaar Card & Cancelled Cheque
- For Non-Individual & HUF: Self attested copy of Pan card, cancelled Cheque, Recent Bank Statement for last three months, MOA, AOA, COI, List of Authorized Signatories with respective KYC. All Documents Should carry the Company Seal & Signature of Authorized Signatory.

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- **Delhi:** F-33/3, Okhla Industrial Area, Phase-II, New Delhi -110020, India. Tel.: 011 43500700
 - **Mumbai:** 2nd floor, 27-Sanghavi Chambers, Janmabhoomi Marg-For Mumbai - 400001, Tel No: 022-22870993
 - **Kolkata:** 10-A, Shakespeare Sarani, Prasad Chambers, Block - B, 2nd Floor, Kolkata – 700071, Tel:033-22820873/76