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## Almondz Global Securities Ltd.

Regd. 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 : \_\_\_\_\_

Phone (Std) \_\_\_\_\_ Fax : \_\_\_\_\_

Mobile \_\_\_\_\_ Email : \_\_\_\_\_

Permanent Address : \_\_\_\_\_

City : \_\_\_\_\_

State \_\_\_\_\_ PIN : \_\_\_\_\_

Phone (Std) : \_\_\_\_\_ Fax : \_\_\_\_\_

PAN \_\_\_\_\_

Educational Qualification \_\_\_\_\_ Other Qualification : \_\_\_\_\_

AMFI Certified

Bank Details

Account Holder Name \_\_\_\_\_

Bank Branch \_\_\_\_\_

Bank A/C \_\_\_\_\_

MICR \_\_\_\_\_

ARN No. \_\_\_\_\_

Bank \_\_\_\_\_

Bank City \_\_\_\_\_

Account Type \_\_\_\_\_

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  IPO  Fixed Deposit  Bonds  Mutual Funds

Life Insurance  General Insurance  Private Placement

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 \_\_\_\_\_

Branch \_\_\_\_\_

Approved By \_\_\_\_\_

Date of Empanelment \_\_\_\_\_

Relationship Manager \_\_\_\_\_

Authorized By \_\_\_\_\_

## TERMS AND CONDITIONS FOR BUSINESS ASSOCIATES

1. Kindly put Business Associates code (Rubber Stamp] in sub-brokers column besides our code as main broker in Public Issue forms.
2. The brokerage would be paid after receipt of the same from Registrars on allotment basis against forms bearing **AGSL** code and Business Associates code as per the allotment statement received by us.
3. 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 **AGSL**
4. This business association is not transferable.
5. 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.
6. 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 favour of the name registered with us.
7. Business Associates should take consistent interest in his/her agency work and mobilise funds in the various financial instruments promoted/handled by **AGSL**.
8. The performance of Business Associates will be closely monitored and those not meeting the performance criteria may be terminated at the discretion of **AGSL**.
9. **AGSL** also reserves the right to alter, amend, add, delete and modify any of the above mentioned terms and conditions.
10. **AGSL** reserves the right to terminate the appointment of Business Associates at any time without assigning any reason.
11. Change in address and telephone number ought to be notified to **AGSL** immediately.
12. Business Associates shall not have any claim against **AGSL** 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 - Self attested copy of Pan card, cancelled Cheque, Bank Statement for last three months, Board Resolution, Memorandum & Articles of Association, List of Authorized Signatories and their respective KYC. **All Documents Should carry the Company Seal & Signature of Authorized Signatory.**

Kolkata : 10-A,Shakespeare Sarani, Prasad Chambers, Block - B, 2nd Floor, Kolkata – 700071, Tel : 033 22820873 - 76

Mumbai : 2nd floor, 27-Sanghavi Chambers, Janmabhoomi Marg-For Mumbai - 400001, Tel No : 022-22870993

Ludhiana: SCO 16 & 17, 3rd Floor, Fortune Chambers, Opp. LSE Building, Feroze Gandhi Market, Ferozepur Road, Ludhiana

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