

MANDATORY



INDIVIDUAL CLIENT REGISTRATION FORM

(This information is the sole property of the trading member / brokerage house and would not be disclosed to anyone unless required by law or in case of express permission of clients.)

Affix your
latest Photograph,
(If client is individual
or sole proprietor)
please
Sign across it.

X

CLIENT PROFILE

--	--	--

First Name

Middle Name

Last Name

--

Name (As appearing on the PAN Card)

Residential Status: ☐ Resident ☐ Non-Resident ☐ Others _____ (Please specify)

Nationality : _____ **Sex:** ☐ Male ☐ Female **Marital Status:** ☐ Married ☐ Unmarried

--	--	--	--	--	--	--	--	--	--

PAN No.

--	--	--	--	--	--	--	--	--	--

Unique ID No. (where obtained)

--	--	--	--	--	--	--	--	--	--

Date of Birth

Education Qualifications _____

RESIDENTIAL ADDRESS

Address _____

--	--	--	--	--	--	--	--

City

State

Pin

Country

--	--	--

Telephone

Mobile

Fax

Email _____

CORRESPONDENCE ADDRESS

Address _____

--	--	--	--	--	--	--	--

City

State

Pin

Country

--	--	--

Telephone

Mobile

Fax

Email _____

NRI DETAILS

(Tick ☒ where applicable, Tick ☐ where not applicable)

☐ NRO ☐ NRE ☐ Others _____ (please specify) ☐ NRI Repatriable /NRI Non-Repatriable[illegible]

Foreign Address _____

--	--	--	--	--	--	--	--

--	--	--

Email	
-------	--

Documents Furnished: ☐ Copy of Passport / Visa ☐ Proof of Foreign Address

--

--

OCCUPATIONAL DETAILS

(Tick ☒ where applicable, Tick ☐ where not applicable)

☐ Employed ☐ Self Employed ☐ Business ☐ Professional ☐ House-Wife

☐ Others _____ (Please specify)

IF EMPLOYED XXXXXXXXXX

Name of Establishment	
-----------------------	--

Office Address _____

--	--	--	--	--	--	--	--

Email	
-------	--

IF SELF EMPLOYED / BUSINESS / PROFESSIONAL / OTHERSName of Establishment Office Address

City

State

Pin

Country

Office Telephone

Mobile

Fax

Email **CONTACT PERSON'S DETAILS**

(Name & Address of Person Authorised to deal in Securities / Debts / Currency on behalf of Client.)

Name

Middle Name

Last Name

Address

City

State

Pin

Country

Telephone

Mobile

Fax

Email **DETAILS OF SPOUSE**Full Name of Spouse Occupational Details PAN No. Date of Birth **TRADING PREFERENCE**Tick ☒ where applicable, Tick ☐ where not applicable.(In case an exchange/segment combination is crossed off,
the same would be activated in the future only on a specific letter from the client.)

Each Segment	Cash	Derivatives	Debt Market	Mutual Funds	Currency	Interest Rate Futures	Securities Lending & Borrowing
BSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Client's Signature

INVESTMENT / TRADING EXPERIENCE

☐ No Prior Experience
 Years in Stocks
 Years in Derivatives
 Years in other Securities
 Years in Currency Futures
 Years in other investment related fields

CLIENT BANK DETAILS

(through which transactions will generally be routed)

Copy of a cancelled cheque leaf / pass book / bank statement containing name of the client to be enclosed.

SECONDARY ACCOUNT

Bank Name	<input type="text"/>	Branch	<input type="text"/>
Bank Address	<input type="text"/>		
Bank Tel.	<input type="text"/>	Account Type:	<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRI <input type="checkbox"/> _____
Bank Account No.	<input type="text"/>	A/c. Opening Date	<input type="text"/>
MICR Code	<input type="text"/>	IFSC Code (For NEFT / RTGS)	<input type="text"/>

Bank Name	<input type="text"/>	Branch	<input type="text"/>
Bank Address	<input type="text"/>		
Bank Tel.	<input type="text"/>	Account Type:	<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRI <input type="checkbox"/> _____
Bank Account No.	<input type="text"/>	A/c. Opening Date	<input type="text"/>
MICR Code	<input type="text"/>	IFSC Code (For NEFT / RTGS)	<input type="text"/>

CLIENT DP DETAILS

(through which Securities will generally be routed)

Copy of Client Master of DP Account to be enclosed.

<input checked="" type="checkbox"/> DP	CLIENT / B.O. ID	DP ID	DP NAME, ADD. & TEL. NO.
<input type="checkbox"/> CDSL			
<input type="checkbox"/> NSDL		I N	
<input checked="" type="checkbox"/> DP	CLIENT / B.O. ID	DP ID	DP NAME, ADD. & TEL. NO.
<input type="checkbox"/> CDSL			
<input type="checkbox"/> NSDL		I N	

Details of any action taken by SEBI/Stock exchange/any other authority, against the client in charge of dealing in securities / Derivatives / Debts / Currency for violation of securities laws/other economic offences.

In the last three years

Prior to that

FINANCIAL DETAILS**ANNUAL INCOME RANGE**

(Tick ☒ where applicable,
Tick ☐ where not applicable)

Below Rs. 1,00,000 ☐

Rs. 1,00,001 to Rs. 5,00,000 ☐

Rs. 5,00,001 To Rs.10,00,000 ☐

Rs. 10,00,001 To Rs. 25,00,000 ☐

Above Rs. 25,00,001 ☐

REGISTRATION WITH OTHER BROKERS

BROKER	EXCHANGE	CLIENT CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

UNIQUE CLIENT CODE DETAILS

(Mandatory - Any One)

CATEGORY	REF. NO.	PLACE OF ISSUE	DATE OF ISSUE	EXPIRY DATE
P.A. No.	<input type="text"/>	<input type="text"/>		
Passport	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Driving License	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Voter ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Ration Card	<input type="text"/>	<input type="text"/>	<input type="text"/>	

DETAILS OF OTHER ACCOUNT OF ANY FAMILY MEMBER / ASSOCIATE

<input type="text"/>		
----------------------	--	--

First Name

Middle Name

Last Name

Client Code

<input type="text"/>		
----------------------	--	--

First Name

Middle Name

Last Name

Client Code

In case of more then two family member, details of all each family members / associates in the above formate should be specified and attached on a seperate sheet of person)

NOMINATION DETAILS

Person nominated who is entitled to receive funds/securities balances in the event of death of the client.

Name of Nominee

Relationship with the client

Address of Nominee

City

State

Pin

Country

Office Telephone

Mobile

Fax

Email

Witness (1) Name

Address

 Client's Signature

Witness (1) Signature

Witness (2) Name

Address

 Client's Signature

Witness (2) Signature

INTRODUCER DETAILS

The details furnished by Me / Applicant is true to the best of My / Our knowledge and belief. In case if any of the above information is found to be false or untrue then I am to be held liable for it.

Name

Middle Name

Last Name

Address

City

State

Pin

Country

Telephone

Mobile

Fax

Email

INTRODUCER DETAILS (Contd.)

Relation with Applicants Unique ID No. (where obtained)

PAN No. UCC of Introducer (if registered with The Trading Member)

Introducer's Signature


For proof of photo identity of Introducer's ☐ PAN (Mandatory)

For Address proof (any one of following) Tick ☒ where applicable, Tick ☐ where not applicable.

☐ Passport ☐ Voter ID ☐ Driving Licence

DECLARATION

"I hereby declare that all the information and particulars given by me in this application are true to the best of my knowledge and belief. I agree to immediately inform you in writing if there is any change in any of the information given in this application. I also declare and agree that if any of the above statements are found to be incorrect or false or any information or particulars have been suppressed or omitted there from, I am liable to be debarred from doing business both in the Cash and Derivative Segment of the Exchanges. I also agree to furnish such further information as you or the Exchange may require from me and I agree that if I fail to give such information, you shall have the right to cancel my registration and the Exchange shall have the right to debar me from doing business both in the Cash and Derivative Segments of the Exchange."

Name <input type="text"/>	 Client's Signature
Place <input type="text"/> Date <input type="text"/>	

Witness Name <input type="text"/>	
Address <input type="text"/>	
<input type="text"/>	Sign of Witness <input type="text"/>

DOCUMENTARY REQUIREMENTS

For Proof of Identity (Tick ☒ any one, Tick ☐ where not applicable)

☐ P.A. No. ☐ Passport ☐ Voter ID ☐ Driving License
☐ Photo Identity card issued by Employer registered under MAPIN

For Proof of Address (Tick ☒ any one, Tick ☐ where not applicable)

☐ Voter ID ☐ Latest Rent Agreement ☐ Bank Passbook ☐ Latest Telephone Bill
☐ Ration Card ☐ Passport ☐ Latest Flat Maintenance Bill ☐ Driving license
☐ Latest Electricity Bill ☐ Insurance Policy ☐ Certificate issued by employer registered under MAPIN

FOR OFFICE USE ONLY

Name & Designation of Employee who interviewed the client	Sign. and Date
I Confirm that, I have personally verified the identity of client and documents. Mr./Mrs./Ms.: <input type="text"/> Unique Client Code allotted <input type="text"/>	Sign. and Date

BLANK

PAGE