

Registered Address (If different)									

City/ District										
State										
Country										
	Pin Code									

Contact Details

Tel. (Off.)											Tel. (Resi.)										
Mobile No.											Fax										

Email id																														
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Specify the proof of address submitted for correspondence address																														
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C. OTHER DETAILS - Gross Annual Income Details (Please Specify)

> 1 Lac
 1-5 Lac
 5-10 Lac
 10-25 Lac
 25 Lac - 1 Cr
 < 1 Cr

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

Name, PAN, residential address and photographs of Promoters/Partners/ Karta/Trustees and whole time directors

Landline Number										
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DIN / DPIN / UID of Promoters/Partners/LLP Partners and whole time directors:

(Please tick, as applicable)

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

Not a Politically Exposed Person (PEP) Not Related to a Politically Exposed Person (PEP)

D. BANK ACCOUNT(S) DETAILS

Bank Name	Branch address	Bank account no.	Account Type: Saving/Current/Oth.	MICR Number	IFSC code

Note: Provide a copy of cancelled cheque leaf/ pass book/bank statement specifying name of the client, MICR Code or/and IFSC Code of the bank.

E. DEPOSITORY ACCOUNT(S) DETAILS, if available

D P Name	Depository Name (NSDL/CDSL)	Beneficiary Name	DP ID	Beneficiary ID (BO ID)

Note: Provide a copy of either Demat Master or a recent holding statement issued by DP bearing name of the client.

F. TRADING PREFERENCES

Note: Please sign in the relevant boxes against the Exchange with which you wish to trade. The Exchange not chosen should be struck off by the client.

Exchange

Exchange's Registration number

Concerned Member's Name with whom the AP is registered

Registered office address

Pin

Tel.

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Fax

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Email

Website

Client Code

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Details of disputes/ dues pending

L. INTRODUCER DETAILS (optional)

Name of the Introducer

Status of the Introducer

Authorized Person

Existing Client

No Prior Experience

Others (Plz Specify)

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Phone No.

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Signature

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M. ADDITIONAL DETAILS
Whether you wish to receive communication from Member in electronic form on your Email-id

{If yes then please fill in Appendix-A}

Yes

No

DECLARATION

- 1 I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any change therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.
- 2 I/We confirm having read/been explained and understood the contents of the tariff sheet and all voluntary/non-mandatory documents.

3 I/We further confirm having read and understood the contents of the 'Rights and Obligations' document(s), 'Risk Disclosure Document' and 'Do's and Dont's'. I/We do hereby agree to be bound by such provisions as outlined in these documents. I/We have also been informed that the standard set of documents has been displayed for Information on Member's designated website, if any.

Details																										
Place																										
Date												Signature of Client														

FOR OFFICE USE ONLY**UCC Code allotted to the Client**

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Name of the Employee												Documents verified with Originals																											

Employee Code

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Designation of the employee

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Date												Signature														

I / We undertake that we have made the client aware of tariff sheet and all the voluntary/non-mandatory documents. I/We have also made the client aware of 'Rights and Obligations' document (s), RDD, 'Do's and Don'ts and Guidance Note. I/We have given/sent him a copy of all the KYC documents. I/We undertake that any change in the tariff sheet and all the voluntary/non-mandatory documents would be duly intimated to the clients. I/We also undertake that any change in the 'Rights and Obligations' and RDD would be made available on my/our website, if any, for the information of the clients.

Date

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Signature**Repository / Comtrack Participant Seal*****Form need to be signed by all the authorized signatories.**