Annexure I

1. The following format has to be obtained from all clients (other than institutional clients).
2. Separate form to be obtained in respect of all clients including PMS clients.
3. All columns are to be filled in by the clients and copies of relevant supporting documents need to be attached by the clients.

FORMAT FOR 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 except with the express permission of clients)

To

Trading Member's
Name, Address, Telephone No.,
SEBI Registration No.

Clearing Member's
Name, Address, Telephone No.,
SEBI Registration No.
(Applicable for derivatives segment)

Client Information

Photograph
Please Sign On The
Photograph

1. Name of the client: _____
   (Surname) (Name) (Middle Name)

2. Unique Identification Number (where obtained) | | | | | | | | | | |

3. Sex: ☐ Male ☐ Female

4. Date of Birth: dd/mm/yyyy

5. Marital Status:

6. Residence Address: _____
   _____
   _____

City: _____
Pin Code: _____
State: _____
Country:_____
Nationality: _____
Telephone Number: (Res) _____ Fax No: _____
Residential Status: Indian / NRI / Others _____

7. Bank and Depository Account Details

Bank Name (through which transactions will generally be routed.) _____
Branch: _____
Address: _____
Account No: _____
Account Type: Savings / Current / NRI / Others : _____
(Copy of a canceled Cheque leaf/pass book/bank statement containing name of the constituent should be submitted.)

Depository Participant Name (through which transactions will generally be routed.)
Address _____
BO Account Number_____

8. Occupation Details

Occupation : Employed ☐ Self Employed ☐ Business ☐ Professional ☐ House - Wife ☐ Others ☐

(Tick whichever is applicable)

9. If Employed

Name of Employer: _____
Office Address: _____
_____
City: _____
Pin Code: _____
State: _____
Country: _____
Telephone Number (Office)_____
Fax No / Telex No: _____

10. If Self Employed / Business / Professional/Others

Name of the establishment:
Office Address: _____
_____
_____
City: _____
Pin Code: _____
State: _____
Country: _____
Telephone Number (Office) _____
Fax No / Telex No: _____

11. **Financial details of the constituent:**

Income Range (Per Annum): (Tick where applicable)

Below Rs. 1,00,000 ☐

Rs. 1,00,000 To Rs. 5,00,000 ☐

Rs. 5,00,000 To Rs. 10,00,000 ☐

Rs. 10,00,000 To Rs. 25,00,000 ☐

Above Rs.25,00,000 ☐

12. **Investment/Trading Experience**

No Prior Experience
___ Years in Stocks
___ Years in Derivatives
___ Years in Other investment related fields

13. **Trading Preference**

A. Stock Exchanges on which you wish to trade (if the member is registered for such Exchanges):

(Please tick in the relevant boxes)

1. ☐

2. ☐

3. ☐

B. Market segments you wish to trade (if the member is registered for such segment):
(Please tick in the relevant boxes)

1. Capital Market /Cash Segment ☐
2. Derivatives Market ☐
3. Debt Market ☐

14. Whether registered with any other broker-member: (if registered with multiple members, provide details of all)

Name of Broker:
Name of Exchange:
Client code no.:

15. Details of any action taken by SEBI/Stock exchange/any other authority for violation of securities laws/other economic offences.

16. **References**

Introduction: Introduced by another constituent / director or employee of trading member / any other person (please specify)

Name of the Introducer: _____

(Surname) (Name) (Middle name)

Signature_____

MAPIN UID No. of introducer, if any: _____

Name and designation of the employee who interviewed the client: _____
(Name)
_____
(Designation)

Signature of the employee: _____

17. 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.

_____

(Signature of the individual constituent)

Place: _____

Date: _____

DOCUMENTARY REQUIREMENTS

Copies of the following documents may be obtained after due verification with the originals thereof

For Proof of Identity (any one of the following)

MAPIN UID Card ☐ Pan No. ☐ Passport ☐ Voter ID ☐

Driving license ☐ Photo Identity card issued by Employer registered under MAPIN ☐

For Proof of Address (any one of the following):

Passport ☐ Voter ID ☐ Driving license ☐

Bank Passbook ☐ Rent Agreement ☐ Ration Card ☐

Flat Maintenance Bill ☐ Telephone Bill ☐ Electricity Bill ☐

Certificate issued by employer registered under MAPIN ☐ Insurance Policy ☐

For Office Purposes:
Unique Constituent Code : _____
(To Be Inserted By The Brokerage Firm)

Original documents
Verified By _____ **Authorised By : _____**

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The following format has to be obtained from all constituents (other than institutional clients).

1. Separate form to be obtained in respect of all clients including PMS clients.
2. All columns are to be filled in by the clients and copies of relevant supporting documents need to be attached by the constituents.

FORMAT OF THE CLIENT REGISTRATION FORM FOR CORPORATES, FIRMS AND OTHERS

(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)

To

TRADING MEMBER'S Name, Address, Telephone No., SEBI Registration No.	CLEARING MEMBER'S Name, Address, Telephone No., SEBI Registration No. ***(Applicable for derivatives segment)***

1. Name of the Company / Firm:

2. Unique Identification Number (where obtained) | | | | | | | | | | |

3. Registered Office address
   _____
   _____
   _____
   City: _____
   Pin Code: _____
   State: _____
   Phone number(s) _____
   Fax number(s)_____

4. Address for correspondence
   _____
   _____
   _____
   City: _____
   Pin Code: _____
   State: _____
   Phone number(s) _____
   Fax number(s)_____

5. Date of incorporation/formation: _____

6. Date of commencement of business: _____
7. Nature of Business: _____
8. Registration number(with ROC, SEBI or any government authority)
9. Details of PAN Account Number:
10. Names of Promoters / Partners /Karta and residential address
    1. _____
    2. _____
    3. _____
    4. _____
    5. _____

11. Names of whole time directors and residential address
    1. _____
    2. _____
    3. _____
    4. _____
    5. _____

12. Names and Designation of persons authorized to deal in securities on behalf of the company/firm/others and their residential address
    1. _____
    2. _____
    3. _____
    4. _____
    5. _____

13. Details of any action taken by SEBI/Stock exchange/any other authority against the constituent or its Partners/promoters/whole time directors/authorized persons in charge of dealing in securities for violation of securities laws/other economic offences.

Bank and Depository Account Details

14. Bank Name (through which transactions will generally be routed.)
    Branch: _____
    Address: _____
    Account No: _____
    Account Type: _____

(Copy of a canceled Cheque leaf/pass book/bank statement containing name of the constituent should be submitted.)

15. Depository Participant Name (through which transactions will be routed.)
    Address : _____

B.O Account Number : _____

16. **Investment/Trading Experience**

No Prior Experience
___ Years in Stocks
___ Years in Derivatives
___ Years in Other investment related fields

17. **Trading Preference:**

A. Stock Exchanges on which you wish to trade (if the member is registered for such Exchanges):

(Please tick in the relevant boxes)

1. ☐
2. ☐
3. ☐

B. Market segments you wish to trade (if the member is registered for such segment):
(Please tick in the relevant boxes)

1. Capital Market /Cash Segment ☐
2. Derivatives Market ☐
3. Debt Market ☐

18. Whether registered with any other broker-member: (if registered with multiple members, provide details of all)

Name of Broker: _____
Name of Exchange: _____
Client code no. (as given by the broker): _____

19. **References**

Introduction: Introduced by another constituent / director or employee of trading member / any other person (please specify)

Name of the Introducer: _____

(Surname) (Name) (Middle name)

Signature_____

MAPIN UID No. of introducer, if any: _____

Name and designation of the employee who interviewed the client: _____
(Name)
_____
(Designation)

Signature of the employee: _____

20. **Declaration**

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 changes 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.

Authorised Signatory (with company seal)
Name:
Place:
Date:

DOCUMENTARY REQUIREMENTS

Copies of the following documents may be obtained after due verification with the originals thereof

1. Copies of the balance sheet for the last 2 financial years (copies of annual balance sheet to be submitted every year)
2. Copy of latest share holding pattern including list of all those holding more than 5% in the share capital of the company, duly certified by the company secretary/ Whole-time director/MD. (copy of updated shareholding pattern to be submitted every year)
3. Copies of the Memorandum and Articles of Association in case of a company / body incorporate / partnership deed in case of a partnership firm
4. Copy of the Resolution of board of directors' approving participation in equity / derivatives / debt trading and naming authorized persons for dealing in securities.
5. Photographs of Partners/Whole time directors, individual promoters holding 5% or more, either directly or indirectly, in the shareholding of the company and of persons authorized to deal in securities.

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