

CLIENT REGISTRATION FORM — JOINT ACCOUNT —

Personal Information		
[Applicant No. 1 shall be regarded as the primary applicant and all communication including the Trade Work Station user id and		
password shall only be sent to the primary applicant]		
Application No.: 1		
Full Name:		Please affix a recent
[First Name] [Midd		
Date of Birth: <i>dd/ mm/</i>	yyyy Nationality:	
Citizenship/Passport No:		and sign on the
Address:		photograph
City: E-mail:		
Application No.: 2		
Full Name:	77 7	Please affix a recent
[First Name] [Midd	_	
Date of Birth: dd/ mm/		applicant/signatory
Citizenship/Passport No:		and sign on the
Address: F mail:		photograph
City: E-mail:		
T	rading Account Details	
Name of Broker:		
Name of Sub-Broker:		Sub-Broker Code:
Client Registration Number:		
Percentage of Sharing TDS Return: Appli		Applicant No. 2:
Joi	nt Bank Account Details	
Name of Bank:	Branch:	
Name in Bank Record:		Account No.:
Declaration		
I/We hereby declare that the information furnished	in this application is true and correct	and the documents annexed with this are
true copies of its original. I/We undertake to inform the Broker/CM/CH, in writing, immediately of any changes in the information		
furnished by me/us in this application. The Broker/ CM/Clearing House/Exchange will not be liable for any loss or damages or any other consequences arising on account of non intimation of changes in the above information.		
I/We have read and understood the contents of the Risk Disclosure Document and terms and conditions of the agreement with		
broker/CM/CH and agree to abide by the same and		
Applicant No. 1 Applicant No.	2	
Signature: Signature:	Date:	dd/ mm/ yyyy
Documents To Be Submitted Along With The Client Registration Form		
☐ Proof of Identity, Address & Bank Account Num		Copy of PAN Card
☐ Letter, Authorizing One of the Clients to Receiv		ditions, for product/s with delivery logic
		,,,,,,,,,,,,,
Name of Broker:	Broker Verification	Date:
Authorized Person's Name:		Date:
Authorized Signature:	Seal:	
Clearing House/Clearing Member Verification		
Name of CH/CM:		Date:
Authorized Person's Name:		
Authorized Signature:	Seal:	
For Official Purpose Only		

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