

## SUB BROKER REGISTRATION FORM

Name of Broker:						
Sub Broker Code: [To be filled by Clearing House]						
	For Individual On	ly				
Full Name: [First Name]		[Last Name]		Please affix a recent photograph in light		
Date of Birth: dd/ mm/ yyyy Age: Citizenship/Passport No.: Permanent Address: City:				background of the		
		•			* *	nt/signatory gn on the
Temporary Address:		y:			phot	ograph
Country:	-			L		
Permanent Account No.:						
	For Institution On	ly				
Name:						
Date of Incorporation:		Office Address:				
City:						
Name of Proprietor/Managing Director/	Chairman/Chief Executive Officer:	·				
Name of Authorized Danson						
Name of Authorised Person:						
a) Whather any court case is pending a	Declaration		r 1	Yes	Г	] No
<ul><li>a) Whether any court case is pending against the applicant?</li><li>b) Whether the applicant is involved in any financial irregularities and subject to any disciplinary proceedings?</li></ul>				Yes	ſ	] No
c) Whether the applicant was subject to any disciplinary proceedings in any other exchange?				Yes	[	] No
d) Whether the applicant has read, undo of the agreement with Broker/CM/C (If answer is yes in clause (a) and (b) above, pleat	CH?			Yes	[	] No
I/We hereby declare that the informatio true copies of its original. I/We undertak	on furnished in this application is tru	e and correct and the	docume	nts anne	xed wi	
furnished by me/us in this application. T						
other consequences arising on account of	of non intimation of changes in the	above information.			Ì	
I/We have read and understood the con						
broker/CM/CH and agree to abide by th		•			_	
Applicant's Signature:	(Seal, if Institution)	Date:	. aa/	_ mm/		<i>yyyy</i>
	Submitted Along With The S					
☐ Proof of Identity & Address ☐ Certificate / transcript of Bachelors d	☐ Resolution for Registration legree or proof of trading experience		ory (If i	nstitutio	n)	
	Broker Verificatio	n				
Name of Broker:			Date:			
Authorized Person's Name:						
	Sea	al:				
Clea	aring House/Clearing Memb	per Verification				
Name of CH/CM:			Date:			
Authorized Person's Name:						
Authorized Signature:	Sea	ત્રી:				
	For Official Purpose O					