

Client Registration Form

A recent photograph
in light background of
the
applicant/signatory

Please affix and sign
on the photograph

Name of Member:

Type of Membership:

Client Registration Number:

Applicable Commission: C1 C2 C3

AE Name: AE Code:

Address:

Telephone: Fax: Email:

DETAILS OF FEE DEPOSITED

Amount: Draft No/Deposit Voucher/Cheque No.:

Bank: Date:

**TO BE FILLED BY INDIVIDUAL ONLY

First Name	Middle Name	Last Name
Name: <input type="text"/>		
Father's/Spouse Name: <input type="text"/>		
Date of Birth: <input type="text"/> [DD/MM/YYYY]	Age: <input type="text"/>	Occupation: <input type="text"/>
Nationality/Residential Status: <input type="text"/>		Passport No/Citizenship No.: <input type="text"/>
Home Address: <input type="text"/>		City: <input type="text"/>
Pin Code: <input type="text"/>	Telephone: <input type="text"/>	Fax: <input type="text"/>
Mobile No.: <input type="text"/>		Email: <input type="text"/>
Address for communication (if different from the Home Address): <input type="text"/>		
<input type="text"/>		City: <input type="text"/>
Pin Code: <input type="text"/>	Telephone: <input type="text"/>	Fax: <input type="text"/>
Mobile No.: <input type="text"/>		Email: <input type="text"/>

TO BE FILLED BY COMPANIES/CORPORATION/PARTNERSHIP FIRM/ PROPRIETORSHIP FIRM OR ANY OTHER ONLY

Name:

Date of Incorporation/Registration: [DD/MM/YYYY]

PAN Number:

Registered Office Address: City:

Pin Code: Telephone: Fax:

Website: Email:

Address for communication (if different from the above):

City:

Pin Code: Telephone: Fax:

Website: Email:

Name of the Proprietor/Managing Director/Chairman/Chief Executive Officer: _____

Name of the authorized person: _____

Name of other Exchange(s) in which the applicant is/was a member: _____

Name of other Exchange(s) in which any of the director/partner/proprietor is/was a member: _____

Permanent Account No.: _____

Details of Bank Account:

Name of Bank: _____

Name in Bank record: _____

Branch: _____ Account Type: _____

Account No.: _____

DECLARATIONS:

- a) Whether any court case is pending against the applicant or partners/directors/promoters of the applicant? YES / NO
- b) Whether the applicant or the partners/directors/promoters of the applicant is involved any financial irregularities and subject to any disciplinary proceedings? YES / NO
- c) Whether the applicant or partners/directors/promoters of the applicant were subject to any disciplinary proceedings in any other exchange. YES / NO
- d) Whether the applicant having any active trading account under the same NCM. YES / NO
- e) Whether the applicant has read, understood and fully aware of the risk disclosure and terms and conditions of the agreement with NCM? YES / NO

(if answer is yes in clause (a) and (b) above, please furnish the details of such financial irregularities and/or disciplinary action in a separate sheet)

I/We hereby declare that the information furnished in this application is true and correct and the documents annexed with this application are true copies of its original. I/We undertake to inform the Member, in writing, immediately of any changes in the information furnished by me in this application. The Member or the Exchange will not be liable for any direct/indirect consequences arising on account of non intimation changes in the above information.

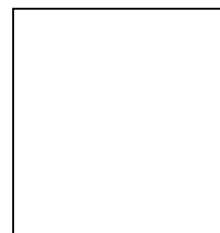
I/We understand the contents of the Risk Disclosure Document and also agree to abide by the Bye-Laws and Rules of the Exchange.

Signature: _____

Thumb Print of Client:



Right



Left

Place:

Date:

(Seal)

DOCUMENTS TO BE SUBMITTED ALONG WITH THE CLIENT REGISTRATION FORM

1. [] Proof of Identity and Proof of Address.
2. [] Proof of Bank Account Number.
3. [] Self certified photo copy of the PAN Card.
4. [] Original Bank Deposit Voucher.
5. [] Resolution authorizing for application for registration and authorizing the signatory.

Verified By:

Name of NCM: _____

Name of the Authorized person of NCM: _____

Signature of Authorized person of NCM: _____

Date: _____

Seal of NCM: _____

Verified By:

Name of CM: _____

Name of the Authorized person of CM: _____

Signature of Authorized person of CM: _____

Date: _____

Seal of CM: _____