



## Individual Client Registration Form

(This information is the sole property of the trading member / Brokerage house and will not be disclosed to any one unless required by law or the express permission of the client)

Surya Shakti India Financial Private Limited  
Main office: G-4, Shree Complex  
Visakhapatnam – 530 016  
Phone: 0891- 2705440, 2705441, 2705442  
Fax : 0891 – 2526668

Registered office :  
Haranivas, 15-2-22, Maharanipeta  
Visakhapatnam – 530 002  
SEBI Regn. No. INB 231145732

### Compliance officer Details

Name : Mr.G.N.Sarma  
Email ID : sarmagnvsp@yahoo.com  
Contact Number: 0891- 6637074

Please Sign on the  
Photograph

### Client Information

- Name of the client : \_\_\_\_\_  
(Surname) (Given Names)
- Unique Identification Number (where obtained) 

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- Gender : Male  Female
- Date Of Birth :
- Martial Status :
- Residence Address \_\_\_\_\_  
\_\_\_\_\_  
City : \_\_\_\_\_ Pin Code : \_\_\_\_\_  
State : \_\_\_\_\_ Country : \_\_\_\_\_  
Nationality : \_\_\_\_\_  
Telephone Number : (Res) \_\_\_\_\_ (Office) \_\_\_\_\_ (Mobile) \_\_\_\_\_  
Residential Status : Indian / NRI / Others \_\_\_\_\_
- Bank and Depository Details ( through which transaction will generally be routed)  
Bank Name \_\_\_\_\_ Branch \_\_\_\_\_  
Bank Address: \_\_\_\_\_  
Account No : \_\_\_\_\_ Account Type (Savings, Current, etc.) \_\_\_\_\_  
(Copy of canceled cheques leaf / pass book / bank statement containing name of the client should be submitted)  
Depository Participant Name \_\_\_\_\_  
Depository Participant ID \_\_\_\_\_ Account Number \_\_\_\_\_
- Occupation Details  
Occupation: Employee  Self-Employed Business  Professional  House-Wife  Others   
(Tick whichever is applicable)
- If Employed :  
Name of the employer \_\_\_\_\_  
Office Address \_\_\_\_\_  
\_\_\_\_\_  
Pin Code \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

10. If Self – Employed / Business / professional / Others :

Name of the Establishment \_\_\_\_\_  
Office Address \_\_\_\_\_  
\_\_\_\_\_ City \_\_\_\_\_  
Pin Code \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

**Financial Details (Per Annum: (Tick where applicable))**

11. 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. 25,00,000

12. **Investment / Trading Experience**

No Prior Experience  
\_\_\_\_\_ Years in stock  
\_\_\_\_\_ Years in Derivatives  
\_\_\_\_\_ Years in other Investments Related fields

13. **Trading Preference**

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

1. National Stock Exchange  (Please tick the relevant boxes)  
2.   
3.

B. Market Segments you wish to trade ( if the member is registered for such segments) :

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 the all)

Name of the 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 or 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 : \_\_\_\_\_

Address of the Introducer : \_\_\_\_\_

Signature the inintroducer

MAPIN UIID No. of introducer, if any : \_\_\_\_\_

Name and designation of the employee who interviewed the client: \_\_\_\_\_

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 any changes therein immediately. In case any of the above information is found to be false or untrue or misrepresenting, I am aware that I may be held liable for it.

Place: \_\_\_\_\_

\_\_\_\_\_  
(Signature of the individual constituent)

Date: \_\_\_\_\_

**DOCUMENTARY REQUIREMENTS**

Copies of the following documents should be obtained after verification with the original.

**For Proof of Identity** (any one of the following)

MAPIN UID card       PAN card       Passport       Voter ID   
Driving License       Photo Identity card issued by the Employer registered under MAPIN

**For Proof of Address** (and one of the following)

Passport       Voter ID       Driving License       Insurance policy   
Bank Passbook       Rent Agreement       Ration Card       Flat Maintenance Bill   
Telephone Bill      Electricity Bill      Certificate issued by the Employer registered under MAPIN

**For Office Purpose:**

Unique Constituent code \_\_\_\_\_ (To be inserted By the Brokerage Firm)

Original documents

Verified By \_\_\_\_\_ Authorised By : \_\_\_\_\_