

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 with the express permission of the client)

SURYA SHAKTI INDIA FINANCIAL PRIVATE LIMITED

Main Office : 9-42-4, Balajinagar, Siripuram
Visakhapatnam - 530 003.
Phone : 0891-2705440, 2705441, 2705442

Registered Office :
Hara Nivas, 15-2-22, Maharanipeta
Visakhapatnam - 530 002.
SEBI Regn. No. INB 231145732

Client Information

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

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- Gender : Male Female
- Date of Birth : dd/mm/yyyy _____
- Marital Status : _____
- Residence Address : _____

City : _____ Pin Code : _____
State : _____ Country : _____
Nationality : _____
Telephone Number : (Res) _____ (Office) _____ (Mobile) _____
Residential Status : Indian / NRI / Others _____
- Bank and Depository Account Details (through which transactions will generally be routed.)
Bank Name _____ Branch _____
Address : _____
Account No. : _____ Account Type : (Saving, Current, etc.) _____
(Copy of a cancelled Cheque leaf / pass book / bank statement containing name of the client should be submitted.)
Depository Participant Name _____
Depository Participant ID _____ Account Number _____
- Occupation Details
Occupation : Employed Self-Employed Business Professional House-Wife Others
(Tick whichever is applicable)
- If Employed :
Name of Employer _____
Office Address _____

City _____
Pin Code _____ State _____ Country _____
Telephone Number _____ Fax Number _____

Please sign on the
Photograph

10. If Self-Employed / Business / Professional / Other :

Name of the Establishment _____

Office Address _____

_____ City _____

Pin Code _____ State _____ Country _____

Financial details of the constituent

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. 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) :

1. National Stock Exchange

(Please tick in the relevant boxes)

2.

3.

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

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 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 : _____

Signature

MAPIN UID 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 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.

Place : _____

Date : _____

(Signature of the individual constituent)

DOCUMENTARY REQUIREMENTS

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

For Proof of Identity (any one of the following)

- MAPIN UID Card PAN Card Passport Voter ID
Driving Licence Photo Identity card issued by Employer registered under MAPIN

For Proof of Address (any 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 employer registered under MAPIN

For Office Purposes :

Unique Constituent Code _____ (To be Inserted By The Brokerage Firm)

Original documents

Verified By _____ Authorised By : _____