

Format is applicable for NSE / BSE both Exchange.

INFORMATION FORM

PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE FILLING UP THE FORM

Name of the sub-broker Entity/ Firm _____

The details which are to be provided are as follows :

1. Residential Address along with the Official address of the above stated persons

2. If your correspondence address is different from the above stated addresses, please mention it separately

3. Phone numbers of the above stated persons

4. An Approved person is the individual in whose name the id has to be allotted and the NCFM certification is to be obtained mandatorily by the approved person.

5. The approved person has to obtain the NCFM certification I.e for Capital market

6. If you have already acquired the NCFM certifications you are requested to send the copy of the same in duplicates. OR if you have not acquired the same, you are requested to contact the company officials for the same on a priority basis.

Name of the Exchange for which the id(s) are required : _____

The segment(s) for which the id(s) are to be allotted : _____

S.No.	Particulars	Status
*1	CTCL Address- [I.e the address where the terminal has to be installed on that particular id]	
*2	City/Town [of the above stated address]	
*3	Pin code [of the above stated address]	
*4	State/Union Territory [of the above stated address]	
*5	Telephone Number [of the above stated address]	
*6	Fax number [of the above stated address]	

*7	Email ID	
*8	Contact Person [of the above stated address]	
*9	Designation	
*10	Date of birth [of the contact person]	
*11	Father's Name [of the contact person]	
*12	Qualification of the Contact Person	
*13	current Address of the contact person	
*14	Permanent Address of the contact person	
*15	Name of approved person using CTCL [in who's name the id has to be allotted	
*16	Father's Name of the approved person	
*17	Date of birth of the approved person	
*18	Residential address of approved person—along with pincode	
*19	Permanent address of approved person—along with pincode	
*20	NCFM Registration no. of the approved person	
*21	NCFM valid up to	
*22	Purpose of CTCL ID	Trading
*23	PAN NO of the approved person	

Data Provided by _____

Designation _____

Date and Place _____

For Office us only :

Uploaded by :

Date :

Sign

Remark (If required)