

(This information is the sole property of the trading member / brokerage house and would not be disclosed to

Trading Member's

SS Corporate Securities Limited
SS House, D-845, Saraswati Vihar Pitampura, Delhi 1100034

Clearing Member

SS Corporate Securities Limited
SS House, D-845, Saraswati Vihar Pitampura, Delhi 1100034

anyone unless required by law or in case of express permission of clients)

SEBI Regd No
INB230753830

SEBI Regd No
INF230753830

1. Name of the Company / Firm _____

2. Unique Identification Number (where obtained) _____

3. Registered Office address

City

Pin Code

State

Phone number(s)

Fax number(s)

4. Address for correspondence

City

Pin Code

State

Phone number(s)

Fax number(s)

5. Date of incorporation/formation :
PAN No of the Company

(Enclose Photocopy of PAN Card and Copy of Income Tax Return)

Email Id:

6. Date of commencement of business

7. Nature of Business

8. Registration number(with ROC, SEBI or any government authority)

9. Details of PAN Account Number

10. Names of Promoters / Partners /Karta and residential address

1. _____

2. _____

3. _____

4. _____

5. _____

11. Names of whole time directors and residential address

1. _____

2. _____

3. _____

4. _____

5. _____

12. Names and Designation of persons authorized to deal in securities on behalf of the company/firm/others and their residential address

1. _____

2. _____

3. _____

4. _____

5. _____

13. Details of any action taken by SEBI/Stock exchange/any other authority against the constituent or its Partners/promoters/whole time directors/authorized persons in charge of dealing in securities for violation of securities laws/other economic offences

Bank and Depository Account Details

14. Bank Name (through which transactions will generally be routed.)
Branch:

Address:

Account No:

Account Type:

(Copy of a canceled Cheque leaf/ pass book/ bank statement containing name of the constituent should be submitted.)

15. Depository Participant Name
(through which transactions will be
routed.)

Address

B.O Account Number

16. Investment/Trading Experience

No Prior Experience
___ Years in Stocks
___ Years in Derivatives
___ Years in Other investment
related fields

17. Trading Preference:

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

- 1.
- 2.
- 3.

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

(Please tick in the relevant
boxes)

1. Capital Market /Cash
Segment
2. Derivatives Market
3. Debt Market

18. 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. (as given by the
broker):

19. References

Introduction: Introduced by another
constituent / director or employee of
trading member / any other person
(please specify)

Name of the Introducer:

(Surname) (Name) (Middle
name)
Signature_____

MAPIN UID No. of introducer, if any:

Name and designation of the employee
who interviewed the client:

(Name)

Signature of the employee:

20. Declaration

I/We hereby declare that the details
furnished above are true and correct
to the best of my/our knowledge and
belief and I/We undertake to inform
you of any changes therein imme-
diately. In case any of the above
information is found to be false or
untrue or misleading or
isrepresenting I am / We are aware
that I/ We may be held liable for it.

Authorised Signatory (with company
seal)

Name:

Place:

Date

Annexure -A

Director's/ Authorised Signatories detail

(Enclosed to the application form of)

Name :
Designation :
Residential Address :
Telephone Nos : Photograph
Qualification :
Experience :
Equity Stake :
Income Tax No :
(PAN No Only) :

Bank Account Details :

Name of the Bank

Bank Address

Bank Account No.

Type of account (SB/CA/OD)

MICR No of the Bank

(Copy of a canceled Cheque Leaf/pass book/ bank statement containing name of the constituent should be submitted)

Any one of the following proof of identity should be submitted :

Passport No

Place of Issue

Expiry Date

Driving License No

Voters Identity Card

Place :

Signature :

Date :

Name: