

USER ID ACTIVATION REQUEST FORM

Franchisee Code : Date: / /

BSE CM BSE FO BSE CDS NSE CM NSE FO

NSE CDS MSEI CDS MCX NCDEX

First Name :

Middle Name :

Surname :

Pan No : D.O.B. : / /

Office Address :

Res. Address :

Mobile No. : Office Tel. No :

Email ID :

Education :

Certificate No. : (i.e. NCFM / NISM / BSE / MCCP)

Documents Required

- Copy of Pan Card
- Copy of Residence Proof
- Copy of NCFM / NISM / BSE / MCCP Certificates
- Photo of Dealer

(Authorised signatory)
(Name of Authorised Signatory)

(Signature of Dealer)