



**CLIENT REGISTRATION FORM FOR CORPORATES, FIRMS AND OTHERS**

To

Darashaw & Co. Pvt. Ltd.

1205, Regent Chambers,

Nariman Point, Mumbai – 400021

Tel No: 6630 6612/3/4 Fax No. 6747 0529

BSE SEBI Registration No. – INB/INF 010992230 Member Code - 161

NSE SEBI Registration No. – INB/INF/INE 230992233 Member Code - 09922

**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**

\_\_\_\_\_  
\_\_\_\_\_

**DARASHAW & COMPANY PVT. LTD.**

Registered Office: 3, Rajesh Mansion, Dinshaw Vachha Road, Mumbai 400 020  
Corporate Office: 1205-06 Regent Chambers, 208 Nariman Point, Mumbai 400 021  
Tel no: +91 67470538/39 Fax no: +91 67470529

\_\_\_\_\_  
City: \_\_\_\_\_

Pin Code: \_\_\_\_\_

State: \_\_\_\_\_

Phone number(s) \_\_\_\_\_

Fax number(s) \_\_\_\_\_

**5. Date of incorporation/formation:** \_\_\_\_\_

**6. Date of commencement of business:** \_\_\_\_\_

**7. Nature of Business:** \_\_\_\_\_

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

\_\_\_\_\_

**9. Details of Permanent Account Number:** \_\_\_\_\_

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

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

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**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.**

\_\_\_\_\_

Reference provided by Exchange/SEBI: 1) <http://www.nseindia.com/> Regulatory Action/SEBI;  
2) <http://www.watchoutinvestors.com/>

**14. Are you or have you been entrusted with prominent public functions** in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior government/ judicial/ military officers, senior executives of state-owned corporations, important political party officials? If yes, please give details?

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**15.** Are you a family member and/ or **close relative of a person of 16 point above**? If yes, please give details?

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**16. Bank and Depository Account Details**

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.)*

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

Address: \_\_\_\_\_

B.O Account Number: \_\_\_\_\_

**18. Investment/Trading Experience**

No Prior Experience

\_\_\_ Years in Stocks

\_\_\_ Years in Derivatives

\_\_\_ Years in Other investment related fields

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**19. Trading Preference:**

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

(Please tick the relevant one & give your signature)

1. BSE SIGNATURE OF THE CLIENT: \_\_\_\_\_ XX \_\_\_\_\_

2. NSE SIGNATURE OF THE CLIENT: \_\_\_\_\_ XX \_\_\_\_\_

SIGNATURE OF THE CLIENT: \_\_\_\_\_ XX \_\_\_\_\_

\* If client opts for derivative segment, evidence of Financial Details is Mandatory

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

(Please tick the relevant one & give your signature)

1. Capital Market /Cash Segment SIGNATURE OF THE CLIENT: \_\_\_\_\_ XX \_\_\_\_\_

2. Derivatives Market SIGNATURE OF THE CLIENT: \_\_\_\_\_ XX \_\_\_\_\_

3. Debt Market SIGNATURE OF THE CLIENT: \_\_\_\_\_ XX \_\_\_\_\_

4. Currency Derivatives Segment SIGNATURE OF THE CLIENT: \_\_\_\_\_ XX \_\_\_\_\_

**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): \_\_\_\_\_

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**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: \_\_\_\_\_

Proof of Identity: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**Name and designation of the employee who interviewed the client:**

\_\_\_\_\_

(Name)

\_\_\_\_\_

(Designation)

Signature of the employee: \_\_\_\_\_

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**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 immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting I am / We are aware that I/ We may be held liable for it.

Authorised Signatory (with company seal)

Name: \_\_\_\_\_

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

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

**For Office Purposes:**

**Unique Constituent Code:** \_\_\_\_\_

**(To Be Inserted By The Brokerage Firm)**

**Brokerage:**

**Original documents:**

Verified By \_\_\_\_\_ Signature \_\_\_\_\_

Verify Date \_\_\_\_\_

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

**In person Verification Done**

Signature of Employee: \_\_\_\_\_

Name of Employee: \_\_\_\_\_

Date of Verification: \_\_\_\_\_

Place of Verification: \_\_\_\_\_

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