

INDIVIDUAL CLIENT REGISTRATION FORM

(This information is the sole property of Darashaw & Co. Pvt. Ltd. and would not be disclosed to anyone unless required by law or except with the express permission of clients)

To

Darashaw & Co. Pvt. Ltd.

1205, Regent Chambers,

Nariman Point, Mumbai – 400021

Tel No: 67470537/0538 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

Client Information

**Affix your
photograph
here & sign
across the
Photograph**

1. Name of the client: _____

(Surname) (Name) (Middle Name)

2. Unique Identification Number (where obtained): _____

3. Sex: Male / Female

4. Date of Birth: _____

5. Marital Status: _____

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 67470538/0539 Fax no: +91 67470529

6. Residence Address: _____

City: _____

Pin Code: _____

State: _____

Country: _____

Nationality: _____

Telephone Number: (Res) _____ Fax No: _____

Residential Status: Indian / NRI / Others _____

7. Bank and Depository Account Details

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

Branch: _____

Address: _____

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Account No: _____

Account Type: Savings / Current / NRI / Others: _____

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

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

Address _____

BO Account Number _____

8. Occupation Details

Occupation: Employed / Self Employed / Business / Professional / House – Wife / Others
(Tick whichever is applicable)

9. If Employed

Name of Employer: _____

Office Address: _____

City: _____

Pin Code: _____

State: _____

Country: _____

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Telephone Number (Office) _____

Fax No / Telex No: _____

10. If Self Employed / Business / Professional / Others

Name of the establishment:

Office Address: _____

City: _____

Pin Code: _____

State: _____

Country: _____

Telephone Number (Office) _____

Fax No / Telex No: _____

Details of Pan Card (Permanent Account Number) : _____

11. Financial details of the constituent:

Income Range (Per Annum): (Tick where applicable)

Below Rs. 1, 00,000

Rs. 1, 00,000 to Rs. 5, 00,000

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Rs. 5, 00,000 to Rs. 10, 00,000

Rs. 10, 00,000 to Rs. 25, 00,000

Above Rs.25, 00,000

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

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):

(Please tick the relevant one & give your signature)

1. BSE SIGNATURE OF THE CLIENT: _____

2. NSE SIGNATURE OF THE CLIENT: _____

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: _____

2. Derivatives Market SIGNATURE OF THE CLIENT: _____

3. Debt Market SIGNATURE OF THE CLIENT: _____

4. Currency Derivatives Segment SIGNATURE OF THE CLIENT: _____

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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/other economic offences during last 3 years.**

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

2) <http://www.watchoutinvestors.com/>

16. 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?

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

18. 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: _____

18. 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

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above information is found to be false or untrue or misleading or misrepresenting I am aware that I may be held liable for it.

X

(Signature of the individual constituent)

Place: _____

Date: _____

For Office Purpose:

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: _____