



MITHUN SECURITIES PVT. LTD.

1224/5, 1st Floor, Suchit Complex, Naiwala, Bank Street, Karol Bagh, Delhi-110005
 Tel: +91-11-47344444 (30 Lines) Fax: +91-11-28754997
 E-mail: info@mithunsecurities.com Website : www.mithunsec.com
SEBI Registration No.:
NSE-CM-INB230770931, NSE-F&O-INF230770931, NSE-Currency-INE230770931
BSE-CM-INB010770932, BSE-F&O-INF010770932, MCX-SX-Currency-INE260770931

MANDATORY

Affix your Photo here and sign on photograph

INDIVIDUAL CLIENT REGISTRATION FORM FOR CAPITAL / F&O /CURRENCY DERIVATIVES SEGMENT

Dear Sir,
 I request you to register me as your client and enable me to trade in the Cash/F&O/Currency Derivative Segment of NSE/BSE/MCX-SX pursuant to the Agreement entered into with you. I have read Rules, Bye-laws and Regulations of the Cash/F&O/Currency Derivative Segment of NSE/BSE/MCX-SX ("the Exchanges") and agree to abide by them. In this regard, I give the following information:

CLIENT INFORMATION

Name :

Father's Name :

Mother's Name :

Date of Birth : Sex Male Female

Educational Qualification : Graduate Post Graduate Professional Others(Pl. Specify)

Marital Status Married Unmarried

Income Tax Number (PAN) :

Income Range (per Annum) : Rs. 100000 Rs. 100001 to 500000 Rs. 500001 to 1000000
 (Tick where applicable) Rs. 1000001 to 2500000 Above Rs. 2500000

Unique Identification No. : Residential Status/Nationality Indian NRI

CORRESPONDENCE ADDRESS DETAILS

Residential Address :

..... PIN

Phone No. (with STD Code) : Mobile :

Fax No. (with STD Code) : E-mail :

Office Address :

..... PIN

Phone No. (with STD Code) : Mobile :

Fax No. (with STD Code) : E-mail :

Employed / Established Since : Designation :

SPOUSE DETAILS

Name of Spouse :

Date of Birth : Sex Male Female

Occupation : Professional Business Service House wife Others(Pl. Specify)

IF EMPLOYED / SELF EMPLOYED

Employer's Name :

Establishment Name (in case of self employed/ professional/ business & others)

Address :

Educational Qualification : Graduate Post Graduate Professional Others(Pl. Specify)

Income Tax Number (PAN) :

BANK DETAILS

Bank Name	Branch Address & Telephone No.	Bank A/c No.	A/c Type SB/CA	MICR No.

(Copy of cancelled cheque leaf/pass book/statement-containing name of the constituent should be submitted).

DEPOSITORY DETAILS

Name & Address of the DP	DP ID	Beneficiary ID	Name of the Beneficiaries

DETAILS OF REGISTRATION WITH THE OTHER BROKER (IF REGISTERED WITH MULTIPLE MEMBERS, PROVIDE DETAILS OF ALL)

If Yes, Name of the Broker :
 Broker Code :
 Name of Exchange :
 Details of Sub-Broker :

INTRODUCER'S DETAILS

Name :
 Father's Name :
 Address :
 Signature :
 Relationship with applicant : Relationship with TM :

INVESTMENT EXPERIENCE

Investment Experience : No Prior Experience __ Year in Stock __ Year in Derivatives __ Year in any related field

TRADING PREFERENCE

A. Stock Exchange on which you wish to trade :

1. 2. 3.

B. Market Segment you wish to trade :

1. 2. 3. 4.

Details of Actions taken against you by Any authority

1.
 2.
 3.

Details of your pending grievances with any intermediary

1.
 2.
 3.

PLEASE SIGN THIS DECLARATION

I hereby declare that all the information and particulars given by me in this application are true to the best of my knowledge and belief. I agree to immediately inform you in writing if there is any change in any of the information given in this application. I also declare and agree that if any of the above statements are found to be incorrect or false or any information or particulars have been suppressed or omitted there from, I am liable to be debarred from doing business both in the Cash/F&O/ Currency Derivative Segment of the Exchange. I also agree to furnish such further information as you or the Exchanges may require from me and I agree that if I fail to give such information, you shall have the right to cancel my registration and the exchanges shall have the right to debar me from doing business both in the cash F&O/ Currency Derivative Segments of the Exchanges. I hereby declare that no action has been taken by SEBI/Stock exchange/any other authority for violation of securities laws/other economic offences.

Name : Signature : 

Place : Date :

FOR OFFICE USE ONLY

Unique Client Code:.....

Original document Verified by Authorized by: date:.....

NAME & DESIGNATION OF THE EMPLOYEE WHO INTERVIEWED THE CLIENT

Name : Designation : Signature.....



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MANDATORY

Affix your
Photo here
and sign on
photograph

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ADDITIONAL INFORMATION FOR CORPORATE FIRM / OTHERS CLIENT REGISTRATION FORM FOR CAPITAL / F&O/CURRENCY DERIVATIVES SEGMENT

Dear Sir,
 We request you to register us as your client and enable us to trade in the Cash/F&O/ currency & Derivative Segment of NSE/BSE/MCX-SX pursuant to the Agreement entered into with you. We have read Rules, Bye-laws and Regulations of the Cash/F&O/ Currency & Derivative Segment of NSE/BSE/MCX-SX ("the Exchanges") and agree to abide by them. In this regard, We give the following information:

DETAILS

Name of the Company / Firm/Others :

Date of Incorporation :

Date of Commencement of Business :

Registration Number :

Nature of Business : CIN No.

Place (Registration) : DIN No.

Income Tax Number (PAN) :

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Unique Identification No. :

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CORRESPONDENCE ADDRESS DETAILS

Registered Office Address :

Phone No. (with STD Code) : Mobile :

City / State : E-mail :

Correspondence Address (if any) :

Phone No. (with STD Code) : Mobile :

City / State : E-mail :

DETAILS OF PROMOTERS/WTD/PARTNER/KARTA/PERSONS AUTHORISED TO DEAL IN SECURITIES ON BEHALF OF THE COMPANY/FIRM/OTHERS AND THEIR RESIDENTIAL ADDRESS

1.
2.
3.
4.

BANK DETAILS

Bank Name	Branch Address & Telephone No.	Bank A/c No.	A/c Type SB/CA	MICR No.

(Copy of cancelled cheque leaf/pass book/statement-containing name of the constituent should be submitted).

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DEPOSITORY DETAILS

Name & Address of the DP	DP ID	Beneficiary ID	Name of the Beneficiaries

DETAILS OF REGISTRATION WITH THE OTHER BROKER (IF REGISTERED WITH MULTIPLE MEMBERS, PROVIDE DETAILS OF

If Yes, Name of the Broker :
 Broker Code :
 Name of Exchange :
 Details of Sub-Broker :

INTRODUCER'S DETAILS

Name :
 Father's Name :
 Address :
 Signature :
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Investment Experience : No Prior Experience __ Year in Stock __ Year in Derivatives __ Year in any related

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B. Market Segment you wish to trade :

1. 2. 3. 4.

Details of Actions taken against you by Any authority


Details of your pending grievances with any intermediary

1.
 2.
 3.

1.
 2.
 3.

PLEASE SIGN THIS 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. I/We also hereby declare that no action has been taken by SEBI/ Stock Exchange/ any other authority against the constituent or its partners/promoters /whole time directors / authorised person in charge of dealing in securities for violation of securities laws/other economic offences. Details of any action taken by SEBI/ S.E./ any other authority against the constituents of its partners/ promoters/ WTD/ authorized persons in charge of dealing in securities / current derivative segment for violation of securities law/ other economic offences.

Name : Signature : 
 Place : Date :

FOR OFFICE USE ONLY

unique client code :

Original document Verified by Authorized by: date:

NAME & DESIGNATION OF THE EMPLOYEE WHO INTERVIEWED THE CLIENT

Name : Designation : Signature.....