



Allied your Investments and Grow with Allied

ALLIED FINANCIAL SERVICES PVT. LTD.

Registration Kit

F&O CLEARING MEMBER: _____

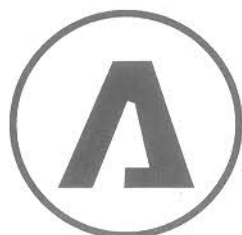
CLIENT NAME: _____

CLIENT CODE : _____



INDEX OF DOCUMENTS

S. No.	Name of Document	Brief Significance of the Document	Page No.
MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI & EXCHANGES			
1.	Account Opening Form	A. KYC form - Document captures the basic information about the constituent and an instruction/check list. B. Document captures the additional information about the constituent relevant to trading account and an instruction/check list.	1 to 9
2.	Rights and Obligations	Document stating the Rights & Obligations of stock broker/trading member, sub-broker and client for trading on exchanges (including additional rights & obligations in case of internet/wireless technology based trading)	As per separate printouts page 1-8
3.	Risk Disclosure Document (RDD)	Document detailing risks associated with dealing in the securities market.	
4.	Guidance note	Document detailing do's and don'ts for trading on exchange, for the education of the investors.	
5.	Policies and Procedures	Document describing significant policies and procedures of the stock broker	10 to 13
6.	Tariff sheet	Document detailing the rate/amount of brokerage and other charges levied on the client for trading on the stock exchange(s)	14
VOLUNTARY DOCUMENTS AS PROVIDED BY THE STOCK BROKER			
7.	Acknowledgement from Client	Acknowledgement -	14
8.	Letter of Authority	Letter	15 - 17
9.	Disclosure to Client	Disclosure	17
10.	Declaration HUF	Declaration	18



ALLIED FINANCIAL SERVICES PVT. LTD.

Trading & Clearing Member in CM Segment and Trading Member in F&O Segment

SEBI REGN NO.:

DATE

NSE Cash-INB231433138

15 / 03 / 2011

NSE F&O-INF231433138

15 / 03 / 2011

304-305, 3rd Floor, Vikas Deep, Laxmi Nagar Distt. Centre, Delhi - 110092

EAPBX-011-43020300 (30 Lines) Fax : 011 - 43020322

E-mail: info@aflindia.net • Website: www.aflindia.net

Compliance Officer's Details

Name : Rajeev Kumar Asopa Phone No. : +91-11-9910393439

E-mail Id : rajeevasopa65@yahoo.co.in

CEO's Details

Name : Rajeev Kumar Asopa Phone No. : +91-11-9910393439

E-mail Id : rajeevasopa65@yahoo.co.in

For any grievance/dispute please contact **ALLIED FINANCIAL SERVICES PVT. LTD.** at the above address or email id- grievances@aflindia.net and Phone no. 011-43020300 (30 Lines) In case not satisfied with the response, please contact the concerned exchange(s) at

Exchange Name

National Stock Exchange of India Ltd.

E-mail ID

ignse@nse.co.in

Phone No.

011-23344313

Toll Free : 1800 22 0051

*This booklet contains 14 signatures, all shall be signed by the client. Client shall go through the documents and sign where ever mark (/).

Please fill this form in **ENGLISH** and in **BLOCK LETTERS**

FOR INDIVIDUAL

Please affix your recent passport size photograph and sign across it

A. IDENTITY DETAILS

Name of the Applicant :

Father's/Spouse Name :

Gender : Male Female **Marital Status** Single Married

Date of Birth : Nationality :

Status : Resident Individual Non Resident Foreign National

PAN :

Unique Identification Number (UID)/ Aadhaar, if any :

Specify the proof of Identity submitted :

B. ADDRESS DETAILS

Address for :

Correspondence City/Town/Village : Pin Code :

State : Country :

Contact Details : Tel. (Office) : Tel. (Res.) : Mobile :

Fax : E-mail :

Specify the proof of address submitted for correspondence address :

Permanent Address :

(if different from above or overseas address, mandatory for Non-Resident Applicant) City/Town/Village : Pin Code :

State : Country :

Specify the proof of address submitted for permanent address :

C. OTHER DETAILS

Gross Annual Income Details (please specify):

Income Range per annum Below ₹ 1 Lac ₹ 1-5 Lac ₹ 5- 10 Lac ₹ 10-25 Lacs Above ₹ 25 Lacs

OR Net-worth as on (Net worth should not be older than 1 year)

Occupation (please tick any one and give brief details)

Private Sector Public Sector Government Service Business Professional Agriculturist

Retired Housewife Student Others _____

Please tick, if applicable Politically Exposed Person (PEP) Related to-a Politically Exposed Person (PEP)

Any Other Information :

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

Signature of the Applicant  Date :

FOR OFFICE USE ONLY

(Originals verified) True copies of documents received

(Self-Attested) Self Certified Document copies received

Signature of the Authorised Signatory Date :

Seal/Stamp of the Intermediary

Please fill this form in **ENGLISH** and in **BLOCK LETTERS** **FOR NON-INDIVIDUAL**

Please affix your recent passport size photograph and sign across it

A. IDENTITY DETAILS

Name of the Applicant :

Date of incorporation :

Place of Incorporation :

Date of Commencement of Business :

PAN : Registration No. (e.g. CIN) :

Status (please tick any one) : Private Limited Co. Public Ltd. Co. Body Corporate Partnership

Trust Charities NGO's FI FII HUF Bank

Government Body Non-Government Organization Defense Establishment

BOI Society LLP Others (please specify).....

B. ADDRESS DETAILS

Address for :

Correspondence City/Town/Village :Pin Code :

State : Country :

Contact Details : Tel. (Office) :Tel. (Res.).....Mobile :

Fax : E-mail :

Specify the proof of address submitted for correspondence address :

Registered Address :

(if different from above) City/Town/Village :Pin Code :

State : Country :

Specify the proof of address submitted for Registered Address :

C. OTHER DETAILS

Gross Annual Income Details (please specify): Income Range per annum

Below ₹ 1 Lac ₹ 1-5 Lac ₹ 5- 10 Lac ₹ 10-25 Lacs ₹ 25 Lacs - 1 Crore Above ₹ 1 Crore

Net-worth as on ____ (*Net worth should not be older than 1 year)

Name, PAN, residential address and photographs of Promoters/Partners/Karta/Trustees and whole time directors

Name (1) :

PAN :

Residential :

Address City/Town/Village :Pin Code :

State : Country :

DIN / UID :

Photographs of Promoters/Partners/ Karta/ Trustees and whole time directors

Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/whole time directors:

Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)

Any Other Information :

Name (2) :
PAN :
Residential :
Address City/Town/Village : Pin Code :
State : Country :
DIN / UID :

Photographs of
Promoters/Partners/
Karta/
Trustees and whole
time directors

Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/whole time directors:

Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)

Any Other Information :

Name (3) :
PAN :
Residential :
Address City/Town/Village : Pin Code :
State : Country :
DIN / UID :

Photographs of
Promoters/Partners/
Karta/
Trustees and whole
time directors

Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/whole time directors:

Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)

Any Other Information :

Name (4) :
PAN :
Residential :
Address City/Town/Village : Pin Code :
State : Country :
DIN / UID :

Photographs of
Promoters/Partners/
Karta/
Trustees and whole
time directors

Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/whole time directors:

Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)

Any Other Information :

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.

Name : Signature of the Authorised Signatory/ies 2 _____

Signature of the Authorised Signatory/ies 3 _____

Signature of the Authorised Signatory/ies 4 _____ Date :

FOR OFFICE USE ONLY

(Originals verified) True copies of documents received
 (Self-Attested) Self Certified Document copies received

Signature of the Authorised Signatory Date :

Seal/Stamp of the Intermediary

