

## OPTISM FINSEC

D-180/G, 1st Floor Freedom Fighter colony, South Delhi 110068

Website: www.optismfinsec.com Passport For HO use only Photogra ph Associate Code: (for Individual Allotment Date Only) 1. Key Contact Details \* Name (Mr./Ms./M/s.) (BLOCK LETTERS) First Name Middle Name Last Name \* Address for Communications: \*State City \* Pin \*Tel No. 2 STD Code \*Tel No. STD Code \*Mobile No. STD Code \* Fax No. \* Email: Tax Status: Individual Sole Proprietorship Partnership Firm Society/Trust Pvt. Ltd. Company Pubilc Ltd Co. Others 2. Bank Account Details for Brokerage/other payments **Beneficiary Name** \* Branch Bank Name \*City \* MICR Code \*Account No \* IFSC Code Direct Credit (DC by default with Banks listed overleaf and/or for whom IFSC code to provided) Savings Warrant (Couriered to the address mentioned above) Current 3. Additional Information Corporate Individual PAN: \*PAN :| Date of Incorporation: \*Date of Birth: Contact Person: \*Education Qualification: Designation Certification Details (Please attach copy of Certificate) ☐ AMFI Reg. No. Vailid Upto Passed on Vailid Upto ☐ IRDA Reg. No. Passed on Vailid Upto ☐ NCFM Reg. No. Passed on ☐ Other(if any) Reg. No. Vailid Upto Passed on 4. Business Details Experinece in selling: No of Investors Please Tick ( ✓) eg IPO's : Rs. eg**FD's**: Rs. Bonds : Rs. Insurance: Rs. Cumulative Date to Funds Mobilization in MF's: Rs. Last Year MF : Rs. If Yes, Details 5. Infrastructure Details Operating From office : 

Yes ☐ No No of Associates No of Employee No of Branches 6. Referral (any Distributor you would recommend) Broker Name 1: Contact No.

Contact No.

Broker Name 2: