

DIMENSION SECURITIES

10, Dimension House 3rd Floor, Commercial Area, Kaushambi, Ghaziabad, UP-201010 ph: 0120-4376552, Email: assosiates@dimensiongroup.co.in

Website: www.dimensiongroup.co.in

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For HO use only	ph
Associate Code: Allotment Date	(for Individual
Allotment Date Date D M M Y Y Y Y	Only)
1. Key Contact Details	
Name (Mr./Ms./M/s.) (BLOCK LETTERS)	
First Name Middle Name Last Name	
* Address for Communications:	E 21 92 35 45 51 51
* City	
*Tel No. STDCode *Tel No. 2 STD Code	
*Mobile No.	
* Email:	
Tax Status:	td Co. Othoro
2. Bank Account Details for Brokerage/other payments	iu co. Fomers
Beneficiary Name	
Deficiency Name	
*Bank Name * Branch * Branch	
*City * MICR Code	
*Account No * IFSC Code * IFSC Code	
☐ Savings ☐ Direct Credit (DC by default with Banks listed overleaf and/or for whom IFSC code to pr☐ Current ☐ Warrant (Couriered to the address mentioned above)	ovided)
3. Additional Information	
Corporate	
Individual	
Date of Incorporation:	YY
*Date of Birth:	
•Education Qualification:	
Certification Details (Please attach copy of Certificate)	
□ IRDA Reg. No. Passed on Vailid Upto	
☐ NCFM Reg. NoVailid Upto	
☐ Other(if any) Reg. No	
4. Business Details	8
No of Investors Experinece in selling : Year	
Please Tick (✓)	
☐ Insurance : Rs. ☐ Bonds : Rs. ☐ IPC)'s :Rs
☐ Cumulative Date to Funds Mobilization in MF's: Rs. ☐ ☐ Last Year MF: Rs.	
Association as a sub broker/Franchise for Mutual Funds Yes No	_
If Yes, Details	
5. Infrastructure Details	
5. Infrastructure Details Operating From office :	

Contact No.

Contact No._

Broker Name 1 :_

Broker Name 2 :_

7. Nominee Details																		
Nomination details for Brokerage/ Commission	•	•	• .															
I hereby nominate the person named below to	receive the amoun	its of brol	kerage t	to m	y cr	edit i	n th	e ev	ent	of m	<u>y</u>			Ť	Ť	T	Ť	7
death. *Nominee Name	1							25										_
* Date of birth D M M Y Y Y	* Relationship																	
* Guardian's Name (Incase of Minor)]
*Address of Nominee/Guardian																		1
																		_
* City	*State	+++							* F	Pin			┰┸	\perp	-			_
				<u> </u>					— □ ˙	ا			<u> </u>					
Specimen Signature of Nominee/ Guardian									S	igna	ture	e of	As	soci	ate			
8. Declaration							N	lote:	: All f	ields	s ma	ırke	d w	ith *	are	ma	ndat	orv
I/We hereby declare that the information Furniguidelines, code of conduct and other circular and conditions stated overleaf as amended fro	rs ect. Issued by S										me/		an	d) (b				
For Office use only																		_
																		_
Recommended by Relationship Manager/Associ												.,						-
Clasification (any one) FD(any one)	MF (any one)					Emp												_
National IFA Premium	Gold	Amount									-							
Regional Bank Super Premium	☐ Base	Bank Na	ame						Cne	que	Date	e					_	
Remarks:																		
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RM Name :	-						-											_
Approved by :		_Approve	ed By:															
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Signature										_	3	Sign	ati	re		_		
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