## **BSE StAR MF Application Access Request Form** Date :- / Kindly provide application access for below individual. Addition **Modification Deletion User Details** Name/ Company Address Office # Moblie no .: **Email Address** MF Member Code I.P. for IML **Permission Member Admin IML Web Service** Vendor (Specify) Product Name **Product Version** User's Signature **Approver Details** Full Name Department ONS Office # 2 2 8 c e @ b s e **Email Address Approver's Signature Authorized By** Full Name NTRE Department NG O P E R A Office # 8 **Email Address** Authorized By **BSE STARMF TRADING OPERATIONS Authorized for**

Password will be communicated to the user