| | BROKER's PORTAL ONBOARDING FORM | | | |
|---|---------------------------------|---|-----------------------------|--------------|
| | BROKER NAME | | | |
| | BROKER CODE | | | |
| | AUTHORIZE SIGNATORY | | | |
| | | kindly fill in the staff to be set up on the Portal | | |
| | | kindly fill in the staff to be set up on the Portal | | |
| | FULLNAME | EMAIL ADDRESS | ROLE (UPLOADER/APPROVAL/MD) | PHONE NUMBER |
| 1 | TOLLIVAIVIL | LIVIAIL ADDINESS | (OFLOADLINAFFINOVAL/IVID) | |
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Document Classification - CSCS CON