

## **DIMENSION CORPORATE SERVICES**

10, Dimension House 3rd Floor, Commercial Area,Kaushambi, Ghaziabad, UP-201010 ph: 0120-	
4376552, Email: <u>assosiates@dimensiongroup.co.in</u> Website: www.dimensiongroup.co.in	Descret
For HO use only	Passport Photogra
Associate Code:	ph ( for Individual
Allotment Date D M M Y Y Y	Only)
. Key Contact Details	
* Name ( Mr./Ms./M/s.) (BLOCK LETTERS)	
First Name Middle Name Last Name	
Address for Communications:	
* City * State * Pin	
*Tel No. STDCode *Tel No.2 STD Code	
*Mobile No. * Fax No. STD Code	
* Email:	
Tax Status:  Individual Sole Proprietorship Partnership Firm Society/Trust Pvt. Ltd. Company Public	Ltd Co. Others
2. Bank Account Details for Brokerage/other payments	
* Beneficiary Name	
*Bank Name	
*City * MICR Code / IFSC Code	
□ Savings □ Direct Credit (DC by default with Banks listed overleaf and/or for whom IFSC code to p	
□ Current □ Warrant (Couriered to the address mentioned above)	
3. Additional Information	
Corporate	)
Individual         * PAN :         * PAN :	
*Date of Birth: D D M M Y Y Y Y	Y Y Y
•Education Qualification:	
Designation :	
Certification Details (Please attach copy of Certificate)	
IRDA Reg. No.   Passed on   Vailid Upto	
□ NCFM Reg. No Passed on Vailid Upto □ Other(if any) Reg. No Passed on Vailid Upto	
Business Details	
No of Investors Experinece in selling :Year Please Tick ( ✓)	,
□ Insurance : Rs. □ FD's : Rs. □ IP	<b>O's :</b> 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	
Operating From office :  Yes No No of Associates :	
No of Branches : No of Employee :	
6. Referral ( any Distributor you would recommend)	
Broker Name 1 :Contact No	
Broker Name 2 :Contact No	

## 7. Nominee Details

	(In case of indivi	uuai ayem	s oniy)															
I hereby nominate the person named below to	receive the amou	nts of brol	kerage to	my o	credi	t in t	he e	vent	of	my					-	-	Ţ.	
death. *Nominee Name																		
* Date of birth D D M M Y Y Y	* Relationship									3			2			8		8
(If Minor) * Guardian's Name		-++	+ +						_	_	_			_				
(Incase of Minor)																		
*Address of Nominee/Guardian																		
																		Т
* City	*State				-				Pin			<u> </u>		$\mathbf{T}$	_			_
* City	Olale																	
Specimen Signature of Nominee/ Guardian								ļ	Sigr	natu	ire (	of A	١ss	oci	ate		•	
8. Declaration							Note	: All	field	ds n	narl	ked	wit	th *	are	ma	nd	atory
I/We hereby declare that the information Furni	shed herein is co	molete and	1 correct	in all	resr													-
guidelines , code of conduct and other circular																		
and conditions stated overleaf as amended fro	m time to time.						••							•				
Date D D M M Y Y Y Y																		
Place											Sia	nat	ure	,			_	
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For Office use only																		
Recommended by Relationship Manager/Associ	ates:																	
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