

Wealthstreet Financial Services Private Limited

Registered Office: A-1101, Mondeal Heights, Besides Novotel Hotel, S G Highway, Ahmedabad – 380015
 Email ID: info@wealthstreet.in Contact: 079-266775500

AP KYC REGISTRATION FORM

Part A – Details of Applicant (INDIVIDUAL)

1.Name of Applicant(As Per PAN):	
Please Tick for Communication: <input type="checkbox"/> Office Address <input type="checkbox"/> Residence Address	
2.Office Address: _____ _____ _____ City/Town: _____ Pincode: _____ State: _____ Country: _____	3.Residence Address: _____ _____ _____ City/Town: _____ Pincode: _____ State: _____ Country: _____
4.Contact Details: Mobile: _____ Landline No: _____	5. Email Id: _____ Fax No: _____
6. PAN: _____	8.Aadhaar No: _____
7. DOB: _____	9. GST NO: _____
10.Bank Details: Bank Name: _____ Bank Branch: _____ Account No: _____ MICR Code: _____ IFSC Code: _____ Account Type: _____	
9.Education Details:	

Part B – Business Details

1.Exchanges: BSE: <input type="checkbox"/> Cash <input type="checkbox"/> CD NSE: <input type="checkbox"/> Cash <input type="checkbox"/> F&O <input type="checkbox"/> CD MCX: <input type="checkbox"/> Commodity BSE MF <input type="checkbox"/>	2.Terminal: BSE : <input type="checkbox"/> Cash <input type="checkbox"/> CD NSE : <input type="checkbox"/> Cash <input type="checkbox"/> F&O <input type="checkbox"/> CD MCX: <input type="checkbox"/> Commodity	3.Certification: Derivatives NISM Cert.No: _____ Expiry Date: _____ Currency Certificate No: _____ Expiry Date: _____
4.Sharing Ratio: (i) Percentage Wise: AP: _____ WS: _____ Minimum to WAPL: Equity Trading: _____ Delivery: _____ Derivatives Future: _____ Options: _____ Currency: _____ Commodity: _____ (ii) Fix Slab Wise: Equity Trading: _____ Delivery: _____ Derivatives Future: _____ Options: _____ Currency: _____ Commodity: _____ Minimum Slab: Equity Trading: _____ Delivery: _____ Derivatives Future: _____ Options: _____ Currency: _____ Commodity: _____		
5. Terminal Charges: Rs. _____/- Per Month (Segment Wise)		
6. I hereby agreed to the above given terms and conditions and all the information given by me are correct to the best of my knowledge and belief. Signature of AP: _____ Date: _____ Place: _____		

Wealthstreet Financial Services Private Limited

Registered Office: A-1101, Mondeal Heights, Besides Novotel Hotel, S G Highway, Ahmedabad – 380015

Email ID: info@wealthstreet.in

Contact: 079-266775500

Part C – Details of Introducer

1.Name:	Designation:
Employee Code:_____Branch: _____	
Signature: _____	
2. Approved By: _____	Signature:

Part D – Office Use Only

AP Code:	Date of Allotment:
----------	--------------------

***Strike off whichever is not applicable.**

Note: All fields are compulsory, incomplete applications shall not be processed.