CHECK LIST FOR CLIENT REGISTRATION FORM

FORM RECEIVING DATE : ACCOUNT OPENING DATE : TM DP	BRANCH CODE : GROUP CODE :	CLIENT CODE TM : DP :

I.	CHECKING DETAILS	YES/NO	REMARKS
a)	Name as it appears on the ID & Address Proof (in capital letter)		
b)	Signature of Client on all pages and wherever necessary (Witness wherever required) ☐		
c)	Signature Checked and Verified.		
d)	Photograph (duly signed) ☐		
e)	A copy of PAN Card (Self Attested) ☐		
f)	Address Proof (Self Attested) ☐		
g)	Bank Proof containing Client Name (Self Attested) ☐		
h)	Demat Account Proof (Self Attested) ☐		
j)	Brokerage : Intra Day_____ Min_____ Delivery_____ Min_____ F & O Intra Day_____ EOD_____ Option_____		
k)	Exchange given : ☐ NSE CM ☐ BSE CM ☐ NSE F&O ☐ BSE F&O ☐ NSE Currency		
2.	**Franchisee and Client to be informed if any of the above detail is missing or invalid** **by_____Date_____Time_____**		
3.	**Details Punched in Computer by TM_____ DP_____**		
4.	**Cross Checking done by TM_____ DP_____**		
5.	**UCC UPLOADED :** ☐ NSE ☐ BSE ☐ ENTERED IN FORM DATA		
6.	**BACK OFFICE WEB LOGIN** User Name ID_____ Password _____		
7.	**Form sent to Surveillance by_____Date :_____ Time :_____**		
8.	**Client ID Mapping done by _____** Branch ID_____ User ID:_____ Dealer ID :_____		
9.	**INTERNET TRADING** ☐ Odin Diet ☐ I-Net User ID_____ Password _____		
10.	**Form sent to DP by_____Date :_____Time :_____**		
11.	**Client Account Status Report issued by**		
12.	**Form Returned to Compliance by_____Date :_____Time :_____**		
13.	**Kit Dispatched on_____(Date)**		