

**IPO/MUTUAL FUND CLIENT REGISTRATION FORM CUM – AGREEMENT****Arihant Capital Markets Ltd**

E/5, RATLAM KOTHI, INDORE (M.P.), PIN – 452001 Tel No: (0731) 3016100/101

I/We request you (hereinafter referred as ACML) to register me /us as client to enable me/us to apply online in IPO/Mutual Fund Anywhere <http://www.arihantonline.com/ipo> pursuant to the Power of Attorney (POA) executed by me/us in favor of Arihant Capital Markets Ltd. I/We have understood the process of submitting an application under the IPO/Mutual Fund Anywhere and shall abide by the Clauses mentioned under the POA. I/We undertake that ACML shall accept our application(s) on Best Effort Basis subject to the amount for which the application is submitted being credited in the account of ACML before the prescribed time mentioned for accepting the application. I /We undertake that in case of any technical / other problem, if the application can't be deposited with the bank or bidded on the NSE-BSE Terminal/Registrar, then ACML shall not be responsible for any loss/damages.

**CLIENT INFORMATION**

EXISTING CUSTOMER: TERMINAL CODE: \_\_\_\_\_ BACKOFFICE CODE: \_\_\_\_\_

FIRST/SOLE HOLDER: NAME \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_

SECOND HOLDER: NAME \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_

THIRD HOLDER: NAME \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_

TAX STATUS : INDIVIDUAL / HUF / NRI / OTHER \_\_\_\_\_

FATHER/HUSBAND NAME: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ PIN CODE \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_

NATIONALITY \_\_\_\_\_ TEL. NO. \_\_\_\_\_ MOBILE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL ID \_\_\_\_\_

OCCUPATION:  EMPLOYED  BUSINESS  HOUSE WIFE  PROFESSIONAL OTHERS \_\_\_\_\_**DEPOSITORY ACCOUNT DETAILS**

DEPOSITORY NAME: NSDL / CDSL \_\_\_\_\_ DEPOSITORY PARTICIPANT NAME \_\_\_\_\_

DP ID NO. \_\_\_\_\_ BENEFICIARY ACCOUNT NO. \_\_\_\_\_

**PAN / District Details:** Sole/First Applicant      Second Applicant      Third Applicant

PAN No. \_\_\_\_\_

I.T. Circle/ Ward/ District \_\_\_\_\_

(In case PAN not allocated) \_\_\_\_\_

**BANK ACCOUNT DETAILS**

BANK NAME \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

BRANCH \_\_\_\_\_ ADDRESS \_\_\_\_\_ PIN CODE \_\_\_\_\_

9- DIGIT MICR CODE OF BANK &amp; BRANCH \_\_\_\_\_

IFSC CODE OF THE BRANCH WHERE ACCOUNT MAINTAINED: \_\_\_\_\_

ACCOUNT TYPE : SAVINGS / CURRENT / NRE / NRO / OTHERS \_\_\_\_\_

**DECLARATION****Date:** \_\_\_\_\_ **Place:** \_\_\_\_\_

I/We authorize ACML to lodge the application(s) against my/our code in the above order of names. I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/We undertake to inform you of any changes therein immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting I/We am/are aware that I/We may be held liable for it and you shall have the right to cancel my /our registration.

First /sole applicant : Name \_\_\_\_\_ Signature 1 \_\_\_\_\_

Second applicant : Name \_\_\_\_\_ Signature 2. \_\_\_\_\_

Third applicant : Name \_\_\_\_\_ Signature 3. \_\_\_\_\_

**WITNESS:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CHECKLIST:**

I have attached the following documents (All Compulsory):

 PAN CARD  POA  DP Client Master  MAPIN CARD (if available)