

THE INDIVIDUAL CLIENT REGISTRATION FORM

(This information is the sole property of the trading member / brokerage house and would not be disclosed to anyone unless required by law or in case of express permission of clients)

{Note: The member discloses herewith that it undertakes proprietary trading in addition to client business.}

This Form shall be valid for Capital Market, Futures and Options, Retail Debt Segment & WDM /ICDM Segment

TRADING MEMBER
MATA SECURITIES INDIA PVT. LTD.
E-29, Dhanraj Mahal, 2nd Floor,
Chatrapati Shivaji Marg,
Apollo Bunder,
Mumbai – 400039.
Tel: 2204 9102-04



Investor Greivances Redressal email Id : investor@matasec.com
Compliance Officer Name : Amol Agrawal
Contact Number : 022-2204 9100, 6634 8920
Compliance Officer email ID : amol@matasec.com

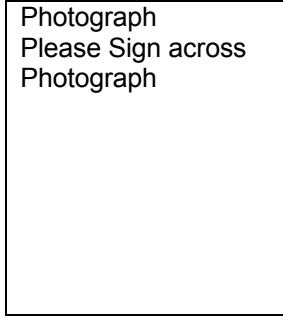
SEBI Registration No. INB 230607131	NSE Cash Segment & WDM Segment
SEBI Registration No. INF 230607131	NSE Derivative Segment
SEBI Registration No. INB 010607134	BSE Cash Segment & ICDM Segment
NSE Trading Member No.	06071
BSE Trading & Clearing No.	0954

FUTURES & OPTIONS SEGMENT

TRADING MEMBER
Mata Securities India Pvt. Ltd.
E-29, Dhanraj Mahal, 2nd Floor,
Chatrapati Shivaji Marg,
Apollo Bunder,
Mumbai – 400039.
Tel: 66346282
SEBI Registration No. INF 230607131

CLEARING MEMBER
Mata Securities India Pvt. Ltd.
E-29, Dhanraj Mahal, 2nd Floor,
Chatrapati Shivaji Marg,
Apollo Bunder,
Mumbai – 400039.
Tel: 66346282
SEBI Registration No. INF 230607131
NSE Clearing Member No. M50098

Client Information



1. Name of the client: _____
(Surname) (Name) (Middle Name)

2. Permanent Account Number (PAN): _____

3. Sex: Male / Female _____

4. Date of Birth: _____(dd/mm/yyyy)

5. Marital Status: Married / Unmarried

6. Residence Address: _____

City: _____
Pin Code: _____
State: _____
Country: _____
Nationality: _____
Telephone Number: (Res.) _____ Fax No: _____
Residential Status: Indian / NRI / Others _____

7. Bank and Depository Account Details

Bank Name (through which transactions will generally be routed) _____

Branch: _____

Address: _____

Account No: _____

Account Type: Savings / Current / NRI / Others: _____

(Copy of a canceled Cheque leaf/pass book/bank statement containing name of the constituent should be submitted.)

Depository Participant Name (through which transactions will generally be routed.) _____

Address _____
BO Account Number _____

8. Occupation Details

Occupation: Employed / Self Employed / Business Professional / House- Wife /
Others
(Tick whichever is applicable)

9. If Employed

Name of Employer: _____
Office Address: _____

City: _____
Pin Code: _____
State: _____
Country: _____
Telephone Number (Office) : _____
Fax No / Telex No: _____

10. If Self Employed / Business / Professional/Others

Name of the establishment: _____
Office Address: _____

City: _____
Pin Code: _____
State: _____
Country: _____
Telephone Number (Office) : _____
Fax No / Telex No: _____

11. Financial details of the constituent:

Income Range (Per Annum): (Tick where applicable)
Below Rs. 1,00,000/-
Rs. 1,00,000/- To Rs. 5,00,000/-
Rs. 5,00,000/- To Rs. 10,00,000/-
Rs. 10,00,000/- To Rs. 25,00,000/-
Above Rs.25,00,000/-

12. Investment/Trading Experience

No Prior Experience
___ Years in Stocks
___ Years in Derivatives

___ Years in Other investment related fields

13. Trading Preference

A. Stock Exchanges on which you wish to trade (if the member is registered for such Exchanges):

- 1.
- 2.
- 3. (Client Signature)

B. Market segments you wish to trade (if the member is registered for such segment):

- 1. Capital Market Segment
- 2. F & O Segment (Client Signature)
- 3. Debt Market Segment
- 4. Currency Derivatives Segment (Client Signature)

14. Whether registered with any other broker-member: (if registered with multiple members, provide details of all)

Name of Broker: _____

Name of Exchange: _____

Client code no.(as given by the other broker): _____

15. Details of any action taken by SEBI/Stock exchange/any other authority for violation of laws / other economic offences.

16. References

Introduction: Introduced by another constituent / director or employee of trading member / any other person (please specify)

Name of the Introducer: _____
(Surname) (Name) (Middle name)

Signature _____

PAN of introducer, if any: _____
(Copy of the PAN Card of Introducer to be attached)

Name and designation of the employee who interviewed the client:

Name _____

Designation _____

Signature of the employee: _____

17. Declaration

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I 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 am aware that I may be held liable for it.

(Signature of the individual constituent)

Place: _____

Date: _____

DOCUMENTARY REQUIREMENTS

Copies of the following documents may be obtained after due verification with the originals thereof

For Proof of Identity (any one of the following)

MAPIN UID Card Pan No. Passport
Voter ID Driving license
Photo Identity card issued by Employer registered under MAPIN

For Proof of Address (any one of the following):

Passport Voter ID Driving license
Bank Passbook Rent Agreement Ration Card
Flat Maintenance Bill Telephone Bill Electricity Bill
Certificate issued by employer registered under MAPIN
Insurance Policy

For Office Purposes:

Unique Client Code: _____

(To Be Inserted By the Trading Member)

Original documents

Verified By _____

Authorised By: _____

Date: _____