

Name Of the applicant : -

APPLICATION FOR APPOINTMENT OF AUTHORISED PERSON

Paragon Center, C-06, Ground floor, P B Marg, Worli, Mumbai-400013; Tel: 91 22 66299299; Fax: 91 22 66299290, E-mail:commo.bo@emkayglobal.com, Website:www.emkayglobal.com

The purpose of this document is to establish a basis for approving a potential association between Emkay Global Financial Services Limited and below mentioned Authorised Person. Pertity name: (Individual Proprietor Martan Partier Director) Permanent Address: (Full address with Pin code) Office Address: (Full address with Pin code) Contact number: Office - Residence: Mobile: Fax number: Website/Mail Address:: Contact Persons Name Designation / Role Direct No. / Cell No. Email address Additional Information Prior Experience in financial markets, Equity / F&O Commodities Market Exp Experience in Dealing Clientele Profite Potential Total number of clients Expected Turnover Committed (Monthly) Minimum time period required for achieving the Turnover Committed (Monthly) Minimum time period required for achieving the Turnover Committed (Monthly) Minimum time period required for achieving the Turnover Committed (Monthly) Minimum time period required for achieving the Turnover Committed (Monthly) Minimum time period required for achieving the Turnover Committed (Monthly)	I/Weof Emkay Global Financial Services Limite	ed. (Commodity)		[Name of	the entity] he	ere by app	ly to becon	ne an Authorize	ed Person
Introvisional Proprietor (Natural AnteroProsculor) Permanent Address: (Full address with Pin code) Contact number: Office : Residence: Mobile: Fax number: Website/Mail Address :- Contact Persons Name Designation / Role Direct No. / Cell No. Email address Additional Information Prior Experience in financial markets, Equity / F&O Commodities Market Exp Experience in Dealing Clientele Profile Potential Total number of clients Expected Turnover Committed (Monthly) Minimum time period required for achieving the Turnover Committed Minimum time period required for achieving the Turnover Committed Minimum time period required for achieving the Turnover Committed Minimum time period required for achieving the Turnover Committed Minimum time period required for achieving the Turnover Committed	The purpose of this document is to est Limited and below mentioned Authorised F	tablish a basis Person.	for approvi	ng a potential	association	between	Emkay G	lobal Financial	Services
(Full address with Pin code) Office Address: (Full address with Pin code) Contact number- Office : Residence: Mobile: Fax number: Website/Mail Address :- Contact Persons Name Designation / Role Direct No. / Cell No. Email address Additional Information Prior Experience in financial markets, Equity / F&O Commodities Market Exp Experience in Dealing Clientele Profite Potential Total number of clients Expected Turnover Committed (Monthly) Minimum time period required for achieving the Turnover Committee (Monthly) Minimum time period required for achieving the Turnover Committee	Entity name:- (Individual/Proprietor/Karta/Partner/Director)								
Contact number:- Contact Persons Con									
Office :- Residence:- Mobile:- Fax number:- Website/Mail Address :- Contact Persons Name Designation / Role Direct No. / Cell No. Email address Additional Information Prior Experience in financial markets, Equity / F8O Commodities Market Exp Experience in Dealing Clientele Profile Potential Total number of clients Expected Turnover Expected Daily / Monthly Turnover Committed (Monthly) Minimum time period required for achieving the Turnover Committed									
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Minimum time period required for achieving the Turnover Committed	Turnover Expected Daily / Monthly								
the Turnover Committed	Turnover Committed (Monthly)								
Additional information:	Minimum time period required for achieving the Turnover Committed								
	Additional information:								

Signature : -

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For Branch / Region Purpose

I/We	We[name of branch head/region head] re					
appoint Mr./Ms./M/s		as Authorised Person of I	Authorised Person of Emkay Global Financial Services Limited			
and take responsibility to service and monitor th	ne said Authorised person.					
Signature of branch Head/Region Head :						
Branch Comments						
Brokerage Sharing						
Minimum Brokerage to the clients						
CTCL Charges Non refundable						
Refundable Interest Free Deposit						
Name of the Introducer of AP						
Name of the Branch Head			ture			
Name of the Regional Head		Signa	ture			
Handled by Mr./Ms.	For Head Office I		Branch R	egion.		
Application sent to the exchange for approval			Branch	egion.		
Authorized person appointed on date :		·				
**Authorised person's office verified by Mr/Ms	·	 ·				
,	·	-				
Employee ID:	Signature :					
Head - Business Associate Desk		Zonal Head	d/Business Head / Operations' H	ead		
Name of Approving / Rejecting Authority :						
Employee ID :						
Signature :						
		-	Name, Signature & Date Head-Office []			

^{**} Authorised Persons office should be verified by the Emkay employee only.