

Deposit Broker Application Form

Please fill the information in capital letters only & in appropriate places

Full Name of the Applicant (As appearing in supporting identification document)

Mr/Mrs/Miss/M/s

Status

 Individual Partnership Firm Pvt Ltd Co Public Ltd Co
 Hindu Undivided Family Proprietor Others _____

Date of Birth

(In case of individuals)

DD MM YYYY

Date of Incorporation

Partnership Deed

DD MM YYYY

(In case of Companies and Firms)

PAN Number

(Attach a copy of PAN card)

Registration No.

(In case of Companies and Firms)

 Affix a
Photograph
here

Present Address of Applicant for all communications (Attach Proof of Address)

Company Name / Flat No. &

Bldg. Name

Road No. / Name

City

State

Tel. (R):

Tel. (O):

E-mail:

Mobile:

STD Code

Pin Code

Country

Fax:

Ext. No.

Present Address of Applicant : (Please tick in case permanent address is the same as present address)

Company Name / Flat No. &

Bldg. Name

Road No. / Name

City

State

Tel. (R):

Tel. (O):

E-mail:

Mobile:

STD Code

Pin Code

Country

Fax:

Ext. No.

Bank Account Details:

 Savings Current

Account No.

Bank _____ Branch _____

9 Digit Code No. _____ (as appearing on MICR cheque issued by your branch)

Other Details (In case of individuals)

Occupation
 Service
 Retired
 Business
 Professional
 Housewife Student
 Others (please specify) _____

 Married

 - Number of Children:
 Son/s.....
 Daughter/s.....

Education
 SSC / HSC q Graduate
 Post-Graduate
 Professional
 Other (please specify) _____

Household Income
 Less than Rs. 1 lakh p.a.
 Rs. 1-3 lakh p.a.
 Rs. 3-5 lakh p.a.
 Rs. 5-10 lakh p.a.
 Above Rs. 10 lakh p.a.

 - Number of earning
 members in the family: _____

Accommodation
 Own Rented
 Employer Family
 Other (please specify) _____

Ownership of

 - Computer Yes No
 - Two Wheeler Yes No
 - Car Yes No

Have you availed

 a) Housing Loan Yes No
 ICICI HFC
 Other
 b) Car Loan Yes No
 c) Personal Loan Yes No

Marital Status
 Single

In case of a Partnership firm / Company

No. of years in existing business: _____ No. of employees in your office: _____

No. of sub-brokers employed by your office: _____ No. of partners in this firm: _____

Names of Partners / Managing Partners: (1) _____ (2) _____

