



BUSINESS ASSOCIATE APPLICATION FORM

1. Name of the Applicant: _____

2. Address of Business Associate: _____

3. Father/ Husband Name: _____

4. Educational Qualification (Please attach photocopy)

a) Highest Education qualification: _____

5. Other Financial Market Businesses

a) Equity/ Commodity Broking (Company name):

b) Insurance Advisory (Company name): _____

c) Mutual Fund Advisory (Company name): _____

d) Others: _____

6. Expected Business

a) Monthly Revenue: _____

b) Number of clients/month: _____

(Signature of Business Partner)

Name:

Date: