

Client Registration Form

- Branch:
1. Name & Address of the Client:
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2. a. Contact Person & Tel. No.:
- b. Contact Person & Tel. No.:
3. Email:
4. Web Site:
5. Nature of Client's Business:
6. Status: (Company/Partnership Firm/Proprietorship Firm/Others):
7. Expected Volume of Business (per month):
8. Whether the client office visited by Company's Staff Yes/NO If Yes, Name of the Company's Staff:
9. List of Documents collected (Tick the appropriate boxes):-

In Case of Company	In Case of Partnership Firm	In Case of Proprietorship Firm
<input type="checkbox"/> Certified True Copy of MAA	<input type="checkbox"/> Partnership Deed	<input type="checkbox"/> Copy of Shop and Establishment Reg.
<input type="checkbox"/> Certified True Copy of COI	<input type="checkbox"/> Latest Balance Sheet	<input type="checkbox"/> Copy of Latest Income Tax Return
<input type="checkbox"/> Certified True Copy of COCB	<input type="checkbox"/> List of Authorised Persons along with their signatures and ID Proofs (POA)	<input type="checkbox"/> List of Authorised Persons along with their signatures and ID Proofs (POA)
<input type="checkbox"/> Latest Balance Sheet	<input type="checkbox"/> Copy of PAN Card	<input type="checkbox"/> Copy PAN Card
<input type="checkbox"/> List of Authorised Persons along with their signatures and ID Proofs (POA) signed by the managing director of the company	<input type="checkbox"/> Web Site Details	<input type="checkbox"/> Web Site Details
<input type="checkbox"/> Copy of PAN Card	<input type="checkbox"/> List of Partners with addresses	<input type="checkbox"/> Brochure etc. for information of client
<input type="checkbox"/> Web Site Details	<input type="checkbox"/> Brochure etc. for information of client	
<input type="checkbox"/> List of Directors with addresses		
<input type="checkbox"/> Brochure etc. for information of client		

MAA: Memorandum and Articles of Association **COI:** Certificate of Incorporation **COCB:** Certificate of Commencement of Business for Public Ltd. Company)

Full Signature of the Branch Manager/ Incharge with date

Full Name:

Recommendation/Comments of Area Manager/Regional Head:

All the above mentioned information and submitted documents are true and correct.

For **(Name of Client)**

Signature: (With rubber Stamp)

Name:

Designation:

Date: