



**Proof of Address**

Passport  Voter Id  Driving License  Bank Passbook  Rent Agreement  Ration Card

Flat Maintenance Bill  Telephone Bill  Electricity Bill  Certificate issued by employer holding unique identification number  Insurance Policy

Please provide details of document submitted	Document No.	Place of issue	Date of Issue							
			d	d	m	m	y	y	y	y

**Declaration**

I have not applied for unique identification number earlier and I am applying for the first time.

**OR**

I have applied for registration earlier and unique identification number has been allotted to me. This application is for intimation of changes in the information given earlier.

I declare that I am applying for unique identification number in my capacity as \_\_\_\_\_. I certify that the information given by me in this form is true and correct.

<b>Signature:</b>		
<b>Date:</b>	<b>Signature of Applicant (To be signed in black ink in presence of Registration Officer)</b>	<b>Information given above has been verified against original documents presented before me [Signature of Registration Officer]</b>
<b>Place:</b>		

**PART B**

**TO BE FILLED IN BY DIRECTORS / PARTNERS / PROPRIETORS /  
PERSONNEL OF SPECIFIED INTERMEDIARIES**

Employer's unique identification number									
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Employee Joining Date

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Day

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Month

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Year

**Qualifications**

Qualifications	Issuing Authority	Valid upto (Date)(If Applicable)

Month

Year

**Training Information**

Name of Training Program	Conducted by	From Date	To Date

d d m m y y y y d d m m y y y y

Whether this person is appointed as <b>Compliance Officer</b> ?	Yes / No	If Yes, please provide Intermediary Type(s)*
		1)
		2)
		3)

\* Intermediary type means the type of registration obtained from SEBI. For e.g. 'Merchant Banker - Category I' or 'Registrar & Transfer Agent- Category II'. Please mention complete description if intermediary type is stockbroker/ sub-broker. For e.g. '**Stock Broker - XYZ Stock Exchange**' or '**Sub-broker - XYZ Stock Exchange**'.

**Declaration:**

On behalf of \_\_\_\_\_, we hereby confirm that we have verified the details given under Part A and Part B with relevant original documents and are satisfied that the details furnished are in accordance with the documents verified.

**Employer's Authorised Signatory**

Name	Designation	Signature
	Compliance Officer	
	Whole time Director	

## PART C

### **Form for establishing Association / Dissociation**

[Note: (1) This form is to notify association/ dissociation between individuals and corporates in various roles as defined under SEBI (Central Database of Market Participants) Regulations, 2003. This form has to be submitted after the Unique ID No. has been allotted to Company/ Intermediary. (2) Please submit separate forms for association and dissociation]

Request For Association

Request For Dissociation

<b>Name of the Applicant</b>								
<b>Unique identification number</b>								

(not to be filled if submitted with Part A & Part B)

I notify the association/dissociation between me and the entities listed here below, as per the details given below.

Name of the Body Corporate / other person	Unique identification number of the Body Corporate	Relationship (Refer Note 1 & 2)	Type Of Intermediary (Refer Note 3)

**Notes:**

1. Relationships specific to specified Listed Company are - Associate, Compliance Officer, Director, Managing Director/Whole Time Director, Promoter, Designated Employee, Subsidiary/Holding Company and Relatives of above.
2. Relationships specific to Intermediary are - Associate/Asset Management Company, Director, Managing Director/Whole Time Director/ Partner/Proprietor, Promoter/Sponsor, Personnel, Compliance Officer, Office Bearer of Investor Association and Relatives of above.
3. Please mention 'Type of Intermediary' if the role selected is Compliance Officer of Intermediary.
4. Please attach additional sheets containing the details in the above stated format if required. Additional sheet should be duly signed.

**Declaration**

I declare and state that the information given by me in this form is true and correct. I undertake to inform the designated service provider of any changes in the information provided by me.

Date:	Signature of Applicant
Place:	

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**Acknowledgement**

**PART - C**

### **Form for Establishing Association / Dissociation**

Request For Association

Request For Dissociation

TIN :

<b>Unique identification number</b>								
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(not to be filled if submitted with Part A & Part B)

We acknowledge the receipt of application form. The relationship as applied for will be established by \_\_\_/\_\_\_/\_\_\_\_\_

**Date:**

**Signature of Registration Officer and Seal**