

# THE SCHEDULE

[See regulation 12 of SEBI [Central Database of Market Participants] Regulations, 2003]

## FORM B

### Application Form / Form for intimating changes - Bodies Corporate, Intermediaries and other persons

**[Note:** All persons mentioned in regulation 12(2) shall fill up Part A & Part C. If applicant is specified intermediary, it shall fill up Part A, B & C of this form]

<b>(For use by POS only)</b>	Application Fee - Rs. _____ (Demand drafts only)
TIN :	Drawn on Bank
Data Uploaded on: __/__/____	DD No. _____ Payable at _____

#### PART A

**FIRST APPLICATION**    
  **AMENDMENT**    
 Unique ID No.   
 (Please provide in case of amendment only)

<b>Organisation Name</b> (Name written here will appear on the identity card)										
<b>Short Name</b>										

Previous Names (if any)	Effective Date
1)	
2)	
3)	
4)	
5)	

d d m m y y y y

#### Form of Organisation as on the date of this application (Please tick only one)

<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> Company Limited by Guarantee
<input type="checkbox"/> Scheduled Commercial Bank	<input type="checkbox"/> Urban Bank	<input type="checkbox"/> Co-operative Bank
<input type="checkbox"/> Registered Trust	<input type="checkbox"/> Unregistered Trust	<input type="checkbox"/> Proprietorship Firm
<input type="checkbox"/> Registered Partnership Firm	<input type="checkbox"/> Unregistered Partnership Firm	<input type="checkbox"/> Non-Banking Finance Company
<input type="checkbox"/> Registered Society	<input type="checkbox"/> Unregistered Society	

**Note:** Entities registered with the Registrar of Companies should tick either of the limited company options or the NBFC option.

<b>Registration No.</b>	<b>Registration/ Formation Date</b>	
		d d m m y y y y
<b>State of Registration</b>	<b>Head Office City</b>	

**Note :** (i) Copy of the registration document/partnership deed/trust deed may be submitted.  
 (ii) Original documents will be verified by Registration Officer at the time of submitting application form.

#### Acknowledgement

##### PART - A

**FIRST APPLICATION**    
  **AMENDMENT**    
 Unique identification number   
 (For use by POS only) (Please provide in case of amendment only)

TIN :

We acknowledge the receipt of application form together with fee. Please collect the identity card on date mentioned below.

d	d	m	m	y	y	y	y

**Date:**

**POS Seal and Signature**

**Listing Information :**

Sr.	Stock Exchange on which the company is listed (if applicable)
1	
2	
3	
4	

**Address for Communication:** (Mailing address to be used by SEBI)

House No./Apt Name/Block No :												
Road/Street/Lane :												
Area :												
City/Post/Taluka :							Pin					

Telephone:     

STD Code

         

Telephone Number

**Proof of Address** (Please Tick)
 Copy of Income Tax Return  Bank Statement  Leave & License Agreement  Sale Agreement  ROC Registration Certificate

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

**Declaration**

On behalf of \_\_\_\_\_, we hereby confirm the following:

 We have not applied for unique identification number under this application earlier and we are applying for the first time.
**OR**
 We have applied for registration earlier and unique identification number has been allotted to us. This application is for intimation of changes in the information given earlier.

We declare that this application is made in the capacity of the applicant as a \_\_\_\_\_. We certify that the information given in this form is true and correct.

**Authorised Signatory**

Name	Designation	Signature
	Company Secretary / Auditor	
	Whole Time Director/ Managing Trustee/ Managing Partner/Proprietor	

**Place:****Date:**

## PART B

### DETAILS TO BE PROVIDED IF THE APPLICANT IS A SPECIFIED INTERMEDIARY

Networth (Rs. in lakh rounded off to the nearest lakh)																			
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As on year ended \_\_/\_\_/\_\_\_\_

Intermediary Type #	SEBI Registration No.	SEBI Registration Date							

d d m m y y y y

# Please write from the list below. In case space is not sufficient, please attach additional sheets containing the details in the above stated format. Additional sheet may be printed on letterhead of the organisation and duly signed. In case of multiple SEBI registrations, please mention each separately.

Sr	Type of Intermediary	Sr	Type of Intermediary
1	Banker to Issue	11	Mutual Fund
2	Clearing Corporation	12	Portfolio Manager
3	Collective Investment Scheme	13	Registrar & Transfer Agent Category - I
4	Credit Rating Agency	14	Registrar & Transfer Agent Category - II
5	Custodian	15	SLS Approved Intermediary
6	Debenture Trustee	16	Stock Broker *
7	Depository	17	Stock Exchange
8	Depository Participant	18	Sub Broker **
9	Investor Association (SEBI Recognised)	19	Underwriter
10	Merchant Banker Category - I	20	Venture Capital Fund
* In case of Stock Brokers, please mention in the following format 'Stock Broker - XYZ Stock Exchange'		** In case of Sub- Brokers, please mention in the following format 'Sub Broker - XYZ Stock Exchange'	

### Declaration

On behalf of \_\_\_\_\_, we hereby declare and state that the information given in this form is true and correct.

#### **Authorised Signatory**

Name	Designation	Signature
	Compliance Officer	
	Whole Time Director	

#### **(for use by POS only)**

It is hereby confirmed that the above information is verified with the original documents submitted and found to be in accordance with such documents.

**Signature of Registration Officer:**

**Seal:**

## PART C

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

**[Note:** (1) This form is to notify association/ dissociation between intermediary/listed company/investor with related persons and such other persons as is required under these regulations. This form has to be submitted after the unique identification number 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>Nature of the Applicant</b>	<b>Intermediary / Listed Company / Other Corporate</b>								
<b>Unique ID No.</b>									

We notify the association/dissociation between our organisation and the entities listed here below, as per the details given below.

NAME	Unique ID No.	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 specified 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. A complete list of intermediaries is given in Part B of the application form.
4. Please attach additional sheets containing the details in the above stated format if required. Additional sheet may be printed on letterhead and duly signed.

**Authorised Signatory**

Name	Designation	Signature
	<b>Compliance Officer</b>	
	<b>Whole time Director</b>	

Acknowledgement

PART C

**Form for Establishing Association / Dissociation**

**Request For Association**

**Request For Dissociation**

<b>Unique ID No.</b>									
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We acknowledge the receipt of application form. The relationship as applied for will be established by \_\_\_/\_\_\_/\_\_\_\_\_

**Date:**

**Signature of Registration Officer and Seal**