

## Business Associate Enrollment Form

**Constitution:**      Individual    ☐    Proprietor    ☐  
(Tick Any One)      Firm            ☐    Company      ☐

<b>Company/Firm/ Proprietary/Individual Details:</b>												Please paste recent photograph (Individual/ Partner/Director and sign across the photograph.)			
Applicant Name *															
Trade Name*															
Contact Person*															
Date of Birth/Registration		D	D	M	M	Y	Y	Y	Y	Sex	M		<input type="checkbox"/>	F	<input type="checkbox"/>
PAN/GIR															

<b>Permanent/Registered Office Address:</b>											
Address*											
		City:				PIN:					
		State:				Country:					
Telephone:*											
Mobile*											
E-Mail*											

<b>Correspondence Address:</b>											
Address*											
		City:				PIN:					
		State:				Country:					
Telephone:*											
Mobile*											
E-Mail*											
Current Occupation											

<b>Personal Details of the Proprietor/Director/Partner:</b>																		
Name*																		
Father's Name*																		
Date of Birth*		D	D	M	M	Y	Y	Y	Y	PAN								
Residential Address																		
		City:				PIN:												
		State:				Country:												
Telephone No.*								Mobile*										
Educational Qualifications																		
Occupation																		

**Spouse Details (In case of Individual/ Proprietary):**

Name*																											
Date of Birth *	D		D		M		M		Y		Y		Y		Y		PAN										
Educational Qualifications																											
Occupation	Housewife <input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Business <input type="checkbox"/> Retired <input type="checkbox"/> Others <input type="checkbox"/>																										

**Information about Income, Investment and trading experience**

Annual Income*		Less than Rs. 1 Lac		Rs. 1- Rs. 5 Lac
		Rs. 5 – Rs. 10 Lac		Rs. 10 Lac – Rs. 25 Lac
		> Rs. 25 Lac		
Annual Income in last 3 years:				
(1)	(2)		(3)	
No of Years of Experience	_____Yrs in Finance		_____Yrs in Others Specify Others _____	
Experience in the capacity of	Sub Broker <input type="checkbox"/> Mutual Fund Agent <input type="checkbox"/> Insurance Agent <input type="checkbox"/> Real Estate Agent <input type="checkbox"/> Investor <input type="checkbox"/> Any Others (Please specify)			
Experience in Working on Internet: _____ years				


**Bank Account Details**

Account Type	Savings/Current	Account No.																
Name of Bank																		
Branch Address																		
City						State:						PIN:						
MICR No.																		

**Business Potential**

Number of Clients	Registered:	Active:
Cities/Towns where present	Existing:	Proposed:
Any other details		
Current Business Module	Office <input type="checkbox"/> Freelancer <input type="checkbox"/> Both <input type="checkbox"/>	
Currently doing business for the following	MFs <input type="checkbox"/> NBFCs <input type="checkbox"/> Brokers <input type="checkbox"/> Insurance Cos <input type="checkbox"/> Banks <input type="checkbox"/> Others <input type="checkbox"/> NA <input type="checkbox"/>	


I/We hereby apply to become a business associate of Elite Wealth Limited for introducing clients and carrying on all the activities a business associate. If appointed as business associate, I/We agree to abide by the rules and regulations of Elite Wealth Ltd, Stock Exchanges and SEBI that may be in force from time to time. I/We hereby confirm that I and all people engaged in my/our organization are competent and capable of the work assigned to me/us. I/We declare that there have been no disciplinary proceedings ever against me/us by SEBI or any other regulatory authority or any stock exchange. I/We declare that the above information is true and fair to the best of my /our knowledge and belief. I undertake to inform you of any changes therein immediately. I/We further undertake to submit all necessary documentation, papers, proofs, and agreement/s as required by Elite Wealth Limited or Stock Exchanges or SEBI now or from time to time. I/We also authorize Elite Wealth Limited to withhold commission/fees/charges due to me/us, if any, till submission of the said documentation, papers, proofs, and agreement to the satisfaction of Elite Wealth Ltd. I/We agree that Elite Wealth Limited has the sole discretion to accept or reject this application. I/We agree that in case of rejection of this application or I/We failing to become of Elite Wealth Limited for any reason whatsoever, any fees paid by me/us will not be refunded.

Signature with Stamp 

**Business Associate Details: (To be filled by Elite Wealth Ltd.)**

Name	
Employee. No.	
Region	

I/We hereby recommend the application of \_\_\_\_\_ as a business associate of Elite Wealth for introducing clients and carrying on all the activities as a business associate of Elite Wealth. I/We hereby confirm that we have conducted the necessary due diligence as regards the financial conditions & the background of the above-mentioned applicant. He and all the people engaged in his organization are competent and capable of the work assigned to them. I/We declare that the above information provided by business associate is true and fair to the best of my /our knowledge. I/We declare that as per my/our knowledge and the information provided to me/us there have been no disciplinary proceedings ever against the said business associate by SEBI or any stock exchange or any other regulatory authority. He has not been declared a defaulter and has not been convicted of any offence (including economic offenses) involving fraud or dishonesty or financial irregularities at any point of time. Further I/we have compared the originals of all documents with the copies of the same and found the same to be in order.

Signature with date 

**Please attach the following\*:**

In case of Individuals/Proprietors:	In case of Corporates:
<ol style="list-style-type: none"> <li>2 Photographs</li> <li>Certified true copy of Proof of identity</li> <li>Certified true copy of Proof of address</li> <li>Bank Details with cancelled cheque</li> <li>Certified true copy of Proof of Qualification</li> <li>Registration fee 1000/-</li> <li>Copy of ARN Certification</li> <li>Copy of EUIN No.</li> </ol>	<ol style="list-style-type: none"> <li>Proof of identity for each of the directors &amp; passport size photograph.</li> <li>Pages 2 &amp; 3 to be collected for each of the directors.</li> <li>Latest Shareholding Pattern.</li> <li>Copy of Certificate of Incorporation.</li> <li>Atleast 2 directors must have 2 years experience in the Capital Market.</li> <li>Latest Annual Report</li> <li>Copy of ARN Certification</li> <li>Copy of EUIN No.</li> </ol>

\* Note: All the copies are to be "Certified True Copy" and "Self Attested".