



Dimension Group

DIMENSION SECURITIES

10, Dimension House 3rd Floor, Commercial Area, Kaushambi,
Ghaziabad, UP-201010 ph: 0120-
4376552, Email: associates@dimensiongroup.co.in
Website: www.dimensiongroup.co.in

Passport
Photograph
(for Individual
Only)

For HO use only

Associate Code:
Allotment Date:

1. Key Contact Details

* Name (Mr./Ms./M/s.) (BLOCK LETTERS)
First Name Middle Name Last Name
* Address for Communications:
* City * State * Pin
* Tel No. STD Code * Tel No.2 STD Code
* Mobile No. * Fax No. STD Code
* Email:
Tax Status: Individual Sole Proprietorship Partnership Firm Society/Trust Pvt. Ltd. Company Public Ltd Co. Others

2. Bank Account Details for Brokerage/other payments

* Beneficiary Name
* Bank Name * Branch
* City * MICR Code
* Account No * IFSC Code
 Savings Direct Credit (DC by default with Banks listed overleaf and/or for whom IFSC code to provided)
 Current Warrant (Couriered to the address mentioned above)

3. Additional Information

Individual **Corporate**
* PAN :
* Date of Birth: D D M M Y Y Y Y
* Education Qualification:
* PAN :
* Date of Incorporation : D D M M Y Y Y Y
* Contact Person :
* Designation :

Certification Details (Please attach copy of Certificate)

AMFI Reg. No. Passed on Vailid Upto
 IRDA Reg. No. Passed on Vailid Upto
 NCFM Reg. No. Passed on Vailid Upto
 Other(if any) Reg. No. Passed on Vailid Upto

4. Business Details

No of Investors Experience in selling : Year
Please Tick (✓)
 Insurance : Rs. Bonds : Rs. FD's : Rs. IPO's : Rs.
 Cumulative Date to Funds Mobilization in MF's : Rs. Last Year MF : Rs.
Association as a sub broker/Franchise for Mutual Funds Yes No
If Yes, Details

5. Infrastructure Details

Operating From office : Yes No No of Associates :
No of Branches : No of Employee :

6. Referral (any Distributor you would recommend)

Broker Name 1 : Contact No.
Broker Name 2 : Contact No.

7. Nominee Details

Nomination details for Brokerage/ Commission (In case of individual agents only)

I hereby nominate the person named below to receive the amounts of brokerage to my credit in the event of my

death. *Nominee Name

* Date of birth (If Minor) Relationship

* Guardian's Name (Incase of Minor)

*Address of Nominee/ Guardian

* City *State *Pin

Specimen Signature of Nominee/ Guardian

Signature of Associate

8. Declaration

Note: All fields marked with * are mandatory

I/We hereby declare that the information Furnished herein is complete and correct in all respects. I/We undertakes to abide by (a) such guidelines , code of conduct and other circulars ect. Issued by SEBI and /or AMFI that may be applicable to me/us, and (b) th e terms and conditions stated overleaf as amended from time to time.

Date

Place

Signature

For Office use only

Recommended by Relationship Manager/Associates:

Classification (any one) FD(any one) MF (any one) Empanelment Fee Details

Remarks :

RM Name : Region Name Regional Head:

Approved by : Approved By :

Signature

Signature

Check List

Please check the following documents are enclosed:-

For Individual	For Corporates	For Partnership Firm
<input type="checkbox"/> Copy of the AMFI Certificate	<input type="checkbox"/> Copy of the AMFI Certificate	<input type="checkbox"/> Copy of the AMFI Certificate
<input type="checkbox"/> Copy of ARN Card	<input type="checkbox"/> Copy of ARN Card	<input type="checkbox"/> Copy of ARN Card
<input type="checkbox"/> Copy of Pan Card	<input type="checkbox"/> Memorandum of Association	<input type="checkbox"/> Partnership Resolution on deeds
<input type="checkbox"/> Copy of Address Proof	<input type="checkbox"/> Authorised Signatory list.	<input type="checkbox"/> Authorised Signatory list.
<input type="checkbox"/> Cancelled Cheque Leaf	<input type="checkbox"/> Board Resolution	<input type="checkbox"/> Copy of Pan Card
	<input type="checkbox"/> Copy of Pan Card	<input type="checkbox"/> Cancelled Cheque Leaf
	<input type="checkbox"/> Cancelled Cheque Leaf	

Please check if the following Mandatory details are filled

<input type="checkbox"/> Complete Address	<input type="checkbox"/> Complete Address	<input type="checkbox"/> Complete Address
<input type="checkbox"/> Contact No.	<input type="checkbox"/> ContactNo.	<input type="checkbox"/> Contact No.
<input type="checkbox"/> Registration Number(ARN)	<input type="checkbox"/> Registration Number(ARN)	<input type="checkbox"/> Registration Number(ARN)
<input type="checkbox"/> Bank Account Details	<input type="checkbox"/> Bank Account Details	<input type="checkbox"/> Bank Account Details

TERMS AND CONDITIONS GOVERNING APPOINTMENT OF ASSOCIATE /MARKETING ASSOCIATE

THE APPOINTMENT OF MARKETING ASSOCIATE IS SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS AND MARKETING ASSOCIATE HAS UNDERSTOOD AND AGREED TO ABIDE BY THE SAME AS ARE SET OUT HEREIN

registration forthwith and forfeit the amount of Brokerage payable to the MARKETING ASSOCIATE, if any.

1 THEMARKETING ASSOCIATE has never been convicted of any criminal

offence involving moral turpitude as also no legal proceeding are pending 5 THE MARKETING ASSOCIATE shall not accept CASH from any investors for any product / services under any circumstances.

4 THE MARKETING ASSOCIATE shall not accept CASH from any investors for any product / services under any circumstances.

2 THE MARKETING ASSOCIATE shall not represent DS in any manner whatsoever and shall not either directly of indirectly indulge in any acts/activities which may be prejudicial to the interest of DS or its group companies.

5 THE MARKETING ASSOCIATE shall not accept CHEQUE in his name whether directly or indirectly from any investors for any product services under any circumstances.

3 THE MARKETING ASSOCIATE should sufficiently generate business that will entitle him to minimum Brokerage every year as may be prescribed by DS and in case the target is not achieved, DS reserves the right to cancel the

6 THE MARKETING ASSOCIATE shall send all application(s) to office of DS accompanied by local cheque(s) / Draft(s) only. Broker- age will be paid to the MARKETING ASSOCIATE only by cheque/draft and in no case, cash will be paid.

7 The rate of Brokerage will differ from company and client to client which shall be intimated to the MARKETING ASSOCIATE by DS from time to time.