



MAGNUM EQUITY BROKING LTD.

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Membership & Contact Details

Member-Bombay Stock Exchange Ltd, National Stock Exchange of India Ltd, MCX Stock Exchange Ltd.
SEBI Registration No.: INBO11123552, INFO11123552, INB230652939, INF230652939, INE260652939,
Registered Office: D-30, Empire Mahal, 806, Dr. B.A. Road, Khodadad Circle, Dadar T.T., Mumbai 400014.
Tel. No.: 022-24171742/24158686 Fax No.: 022-24158686, E-mail: info@magnum.co.in

Application Form for Segment Activation

Dear Sir,

I/We hereby declare that I/We wish to activate the following Segment to deal/trade in the Cash/Equity Derivatives/Currency Derivatives Segment provided by you in addition to present segments and furnish the following details.

Full Name of the Client			
Address			
PAN Number		UCC Client Code	
Gross Annual Income	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1 – 5 Lac <input type="checkbox"/> 5 – 10 Lac <input type="checkbox"/> 10 -25 lac <input type="checkbox"/> More 25 Lac OR		
Net worth	in Rs. _____ as on _____		
Email ID			
Details of Income Proof Given (Attached self attested copy of any one Proof)			
<input type="checkbox"/> ITR acknowledgment <input type="checkbox"/> Annual Account <input type="checkbox"/> Latest Form 16	<input type="checkbox"/> Net worth Certificate <input type="checkbox"/> Latest Salary Slip	<input type="checkbox"/> Latest Demat Holding Statement <input type="checkbox"/> Latest Bank Statement for last 6 months Salary Slip	

TRADING PREFERENCE OF EXCHANGES & SEGMENTS

Please sign in the relevant boxes in which segment you wish to activate now.

Exchange & Segment	Signature	Exchange & Segment	Signature
<input type="checkbox"/> BSE - Cash Market		<input type="checkbox"/> BSE - Derivatives	
<input type="checkbox"/> NSE - Capital Market		<input type="checkbox"/> NSE - Future & Options	
<input type="checkbox"/> NSE- Currency Segment			

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/We undertake to inform you of any changes therein immediately. I/We understand that this document will be treated as a part of original KYC Form provided by me/us to you.

Place :	
Date :	D D M M Y Y Y Y

Signature of the Applicant (Pl. sign within the box only)	
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