

I/We..... [Name of the entity] here by apply to become an Authorized Person of Emkay Global Financial Services Limited. (Commodity)

The purpose of this document is to establish a basis for approving a potential association between Emkay Global Financial Services Limited and below mentioned Authorized Person.

Entity name:- (Individual/Proprietor/Karta/Partner/Director)	
Permanent Address:- (Full address with Pin code)	_____ _____ _____
Office Address:- (Full address with Pin code)	_____ _____ _____
Contact number:-	
Office :-	
Residence:-	
Mobile:-	
Fax number:-	
Website/Mail Address :-	

Contact Persons			
Name	Designation / Role	Direct No. / Cell No.	Email address

Additional Information	
Prior Experience in financial markets, Equity / F&O	
Commodities Market Exp	
Experience in Dealing	
Clientele Profile	

Potential	
Total number of clients Expected	
Turnover Expected Daily / Monthly	
Turnover Committed (Monthly)	
Minimum time period required for achieving the Turnover Committed	
Additional information:	

Name Of the applicant : - _____ Signature : - _____

For Branch / Region Purpose

I/We _____ [name of branch head/region head] request to
appoint Mr./Ms./M/s _____ as Authorised Person of Emkay Global Financial Services Limited
and take responsibility to service and monitor the said Authorised person.

Signature of branch Head/Region Head : _____

Branch Comments	
Brokerage Sharing	
Minimum Brokerage to the clients	
CTCL Charges Non refundable	
Refundable Interest Free Deposit	
Name of the Introducer of AP	
Name of the Branch Head	Signature _____
Name of the Regional Head	Signature _____

For Head Office Purpose

Handled by Mr./Ms. _____ employee ID _____ of _____ Branch _____ Region.

Application sent to the exchange for approval on date : _____.

Authorized person appointed on date : _____.

**Authorised person's office verified by Mr/Ms. _____.

Employee ID : _____

Signature : _____

Head - Business Associate Desk

Zonal Head/Business Head / Operations' Head

Name of Approving / Rejecting Authority : _____

Employee ID : _____

Signature : _____

Name, Signature & Date
Head-Office []