

Annexure 5

Form of Bio-data of 'Individual', or, if institution or company; bio-data of Director(s), Partners, Authorized Representatives

For Office only

Name of Member: _____

Type of Member: _____

Membership No.: _____

Verified by: _____

Please affix your
recent passport size
colour photograph

To be filled by Directors/Partner/Authorized Representative

Full Name: _____

Designation

- Individual/Natural person (non-corporate entity)
 Director
 Managing Partner
 Partner
 Compliance Officer
 Any Other (Please Specify) _____

Whether Authorized Signatory

- Yes
 No

Date of Birth

D	D	M	M	Y	Y	Y	Y

Whether Authorized Representative

- Yes
 No

Address:

Office: _____

Residence: _____

Telephone *(With country & area code)*

Office: _____

Residence: _____

Email: _____

Mobile No: *(With country & area code)* _____

Fax No: *(With country & area code)* _____

Annexure 5

Qualification(s): _____

Work Experience *(in detail)*: _____

Details of other directorships held *(if any)* _____

Membership of Professional Bodies: _____

Nationality: _____

Passport /National Id Card Number * _____

Date of Issue

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D D M M Y Y Y Y

Date of Expiry

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D D M M Y Y Y Y

Acknowledgement

The above information is true and correct to the best of my knowledge.

Place: _____

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D D M M Y Y Y Y

Signature [x] _____

Note:

- 1) Its mandatory to provide all the required information
- 2) * Please enclose a certified true copy of the passport/citizenship card