

ONBOARDING FORM FOR ONLINE INTERMEMBR TRANSFER OF ACCOUNTS FROM REGULATORY INATIVE TO ACTIVE FIRMS

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STOCKBROKING FIRM NAME:	PASSPORT PHOTOGRAPH OF MD HERE
MEMBER CODE:	
Please provide the underlisted details for your firm's Managing Director:	
NAME:	
E-MAIL ADDRESS:	
MOBILE NUMBER:	
CHARTERED INSTITUTE OF STOCKBROKERS (CIS) NUMBER:	
Please provide name of the user (one of your current users) who will be initiat transfer requests on the Data Exchange Platform:	ing the inactive