

## Wealthstreet Advisors Private Limited

Registered Office: A-1101, Mondeal Heights, Besides Novotel Hotel, S G Highway, Ahmedabad – 380015  
 Email ID: [info@wealthstreet.in](mailto:info@wealthstreet.in) Contact: 079-266775500

### AP KYC REGISTRATION FORM

#### Part A – Details of Applicant (INDIVIDUAL)

1.Name of Applicant(As Per PAN):	
Please Tick for Communication: <input type="checkbox"/> Office Address <input type="checkbox"/> Residence Address	
2.Office Address: _____ _____ _____ City/Town: _____ Pincode: _____ State: _____ Country: _____	3.Residence Address: _____ _____ _____ City/Town: _____ Pincode: _____ State: _____ Country: _____
4.Contact Details: Mobile: _____ Landline No: _____	5. Email Id: _____ Fax No: _____
6. PAN: _____	8.Aadhaar No: _____
7. DOB: _____	9. GST NO: _____
10.Bank Details: Bank Name: _____ Bank Branch: _____ Account No: _____ MICR Code: _____ IFSC Code: _____ Account Type: _____	
9.Education Details:	

#### Part B – Business Details

1.Exchanges: BSE: <input type="checkbox"/> Cash <input type="checkbox"/> CD NSE: <input type="checkbox"/> Cash <input type="checkbox"/> F&O <input type="checkbox"/> CD MCX: <input type="checkbox"/> Commodity BSE MF <input type="checkbox"/> Insurance <input type="checkbox"/> Loan <input type="checkbox"/>	2.Terminal: BSE : <input type="checkbox"/> Cash <input type="checkbox"/> CD NSE : <input type="checkbox"/> Cash <input type="checkbox"/> F&O <input type="checkbox"/> CD MCX: <input type="checkbox"/> Commodity	3.Certification: Derivatives NISM Cert.No: _____ Expiry Date: _____ Currency Certificate No: _____ Expiry Date: _____
4.Sharing Ratio: (i) Percentage Wise: AP: _____ WS: _____ <b>Minimum to WAPL:</b> Equity Trading: _____ Delivery: _____ Derivatives Future: _____ Options: _____ Currency: _____ Commodity: _____ (ii) Fix Slab Wise: Equity Trading: _____ Delivery: _____ Derivatives Future: _____ Options: _____ Currency: _____ Commodity: _____ <b>Minimum Slab:</b> Equity Trading: _____ Delivery: _____ Derivatives Future: _____ Options: _____ Currency: _____ Commodity: _____		
5. Terminal Charges: Rs. _____/- Per Month (Segment Wise)		
6. I hereby agreed to the above given terms and conditions and all the information given by me are correct to the best of my knowledge and belief.  <b>Signature of AP:</b> _____ Date: _____ Place: _____		

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### Part C – Details of Introducer

1.Name: _____	Designation: _____
Employee Code: _____ Branch: _____	
Signature: _____	
2. Approved By: _____	Signature: _____

### Part D – Office Use Only

AP Code: _____	Date of Allotment: _____
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**\*Strike off whichever is not applicable.**

**Note: All fields are compulsory, incomplete applications shall not be processed.**