

Due Diligence for Business Partner

Name : _____

1) Why do you want to associate with TIPSONS GROUP? _____

2) Total years of Experience in;
Securities Market : _____ Financial Market : _____ Others : _____

3) Are you Associated/Connected to any Broker/Financial intermediary/Association ? YES / NO
If Yes give Name : _____ Since : _____
Associated for (details) : _____ Total No. of Investors you service : _____
Have you obtained NISM certificate?: YES / NO. If yes, module : _____ valid till: _____

Existing Products offered to your clients

- | | | |
|--|--|---|
| <input type="checkbox"/> Securities Broking | <input type="checkbox"/> IPO Distribution | <input type="checkbox"/> MF Distribution |
| <input type="checkbox"/> Company Fixed Deposits | <input type="checkbox"/> Unlisted Securities | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> NCD Investment/Subscription | <input type="checkbox"/> Taxation Services | <input type="checkbox"/> Capital Advisory |

4) Products you are interested in

<input type="checkbox"/> Securities Broking	<input type="checkbox"/> IPO Distribution	<input type="checkbox"/> MF Distribution
<input type="checkbox"/> Company Fixed Deposits	<input type="checkbox"/> Unlisted Securities	<input type="checkbox"/> Insurance
<input type="checkbox"/> NCD Investment/Subscription	<input type="checkbox"/> Wealth Advisory	<input type="checkbox"/> Others: _____

5) Is/Will stock broking (be) your primary business : YES / NO
If No, please state primary business : _____

6) How many customers can you onboard within first 6 months & How much Revenue you can generate?

7) Are you politically exposed? YES / NO Specify if Yes : _____

8) Do others consider you to be trustworthy? YES / NO

9) Are there any legal proceedings going on against you currently or In Past it happened? YES / NO
Give Details if Yes : _____

10) Your Office Location : _____ Is it a Prime Location? : YES / NO

11) Office Own or Rented? : _____ Sq. feet : _____

12) The count of Staff at the office : _____

13) Office Infrastructure Details : Computers: _____ Furniture : _____
Cleanliness: _____ Others: _____

Above details submitted by me are true and correct. I request you to process my AP registration.

X

Sign of Applicant _____

Above details are verified by me and I recommend to register them as an AP of TSBPL/TCPL. Further details of the party are attached herewith. I have made them understand about overall processes and broking operations of TSBPL/TCPL.

Approved;

X _____

X _____

Name: _____

Emp. Code : _____

Name: _____

Introducer Name _____

Manager _____

Date : _____

Date: _____