



## **BUSINESS ASSOCIATE APPLICATION FORM**

1. Name of the Applicant: \_\_\_\_\_

2. Address of Business Associate: \_\_\_\_\_  
\_\_\_\_\_

3. Father/ Husband Name: \_\_\_\_\_

4. Educational Qualification (Please attach photocopy)

a) Highest Education qualification: \_\_\_\_\_

5. Other Financial Market Businesses

a) Equity/ Commodity Broking (Company name):

\_\_\_\_\_

b) Insurance Advisory (Company name): \_\_\_\_\_

c) Mutual Fund Advisory (Company name): \_\_\_\_\_

d) Others: \_\_\_\_\_

6. Expected Business

a) Monthly Revenue: \_\_\_\_\_

b) Number of clients/month: \_\_\_\_\_

(Signature of Business Partner)

Name:

Date: