

Profile & Application Form For Business Partners

PERSONAL DETAILS

Name: _____

Date of Birth/Incorporation: _____

Educational Qualifications: (Self/Directors/Partners) _____

Address (Office): _____

Pin Code:

Address (Residence): (of main Director/Promoter in case of company) _____

Pin Code:

PAN No.: _____ (Enclose Copy) _____

Contact Person: _____

Telephone No. (O): _____ (R): _____ Fax No.: _____

E-mail ID: _____

Cell No.: _____ If Company, paid-up capital _____

Recent Photograph
Compulsory of all
Directors / Partners /
Individual

BANK ACCOUNT DETAILS

Bank Name: _____

Branch: _____ City: _____

Type of Account: _____ Account No.: _____

Banking for last _____ months/years

BUSINESS DETAILS

Operating From: Residence Office

Office Area: _____ (sq. ft.) Total No. of Employees (a) Field: _____ (b) Office: _____

Office Automation: Tel.: Fax: Computer Systems:

Nature of Business: Chartered Accountant Stock Broker Distributor of Financial Products

Insurance & Mutual Funds Agents Other (Specify) _____

Other Business Interest _____

Type of Organisation (✓) Tick: Individual/Proprietorship Partnership Company Others (specify):

Geographical Area (District/Town/Cities) covered: _____

No. of associated agents/sub-agents: _____ Total No. of Investors: _____

DETAILS OF PERSONNEL SELLING MUTUAL FUND

No. of people selling Mutual Fund _____ (to enclose copy of ARN)

Name	Age	Qualification	AMFI Certification No. (Enclose Copy)	Valid upto

INVESTOR PROFILE

Category: Retail High Networth Individual Corporates Trusts NRIs

No. of Investors _____

No. of years in the current office/business (If less than 2 years, indicate the details of previous assignment) _____

INVOLVEMENT IN THIS BUSINESS

Full Time Part Time

If Part Time, please state your other engagements _____



OTHER AGENCIES (Please Specify)

AMCs _____
 Distribution Houses _____
 Insurance Companies _____
 Others _____

Are you in any way related to any of the Employees / Directors of any DB Group

If yes, please give full details of all such employee/s (attach separate page if space is insufficient)

Name of the Employee	Designation	Place of working
1.		
2.		

BUSINESS DETAILS

Financial Product	No. of Applications	F.Y./(Last Yr.) (Rs. in Lacs)	Remarks	Expected in _____ year (Rs. in Lacs)	Expected business with DeAM
Mutual Funds					
Debentures & Bonds					
Fixed Deposits					
Insurance					
Secondary Market					
Others (Specify)					

REFERENCES (Please give 2 references who can be referred and know you for more than 2 years)

Name & Address	Designation & Name of Organisation	Known for Last
1.		
2.		

Special Achievements / Awards: _____
 Mutual Fund: _____ Insurance: _____
 Others: _____

Place: _____

Date: _____

Applicant's Signature: _____

BRANCH COMMENTS

Gist of Interview with the applicant:

Product Knowledge: Excellent Good Average Product Range _____
 Interest in Business: High Medium Low Client Base: _____
 General Standing in the Market: Excellent Good Average Target Set: _____
 Location: Prominent Non Prominent

I visited the above mentioned distributor at his office in on _____ and recommend him for empanelment with our Fund as I am satisfied with the eligibility, infrastructure and reputation of the distributor.

Any other remarks _____

Recommended by _____ Approved by _____
 Name & Signature _____ Name & Signature _____

