

CHECK LIST FOR TERMINAL ACTIVATION IN NSE F&O SEGMENT

SR NO	PARTICULAR	STATUS
1.	ADDITIONAL TERMINAL IN NSE F&O SEGMENT	
2.	CTCL ID - ACTIVATION FORM	
3.	COPY OF NCFM CERTIFICATE DERIVATE MODULE	
4.	IDENTITY PROOF OF TERMINAL USER	
5.	ACTIVATION FORM OF ISS & CHECKLIST FOR TEMINAL ACTIVATION (OFFICE USE)	
Verified by		
REMARKS :		

APPLICATION FORM FOR ADDITIONAL TERMINAL IN NSE F&O SEGMENT

ISE Securities and Services Limited
International InfoTech Park, Tower No 7, Floor No 5,
Vashi Railway Station Complex, Sector 30
Vashi , Navi Mumbai - 400 703

Dear Sir,

We _____ (Registered Intermediary) do hereby communicate to you that
(Name of CTCL User) has been appointed by us as an Approved
Person at our trading office situated at (Address with PINCODE) _____
where we have the VSAT / Leased Line/ISDN / Dial-up / Lan connectivity. We further desire
that (Name of CTCL User) be granted permission to act as our
Approved User at the above said office for our trading terminals in the Capital Market /
Futures & Options [*strike out whichever is not applicable*] segment. The details of the office
where the terminal is located and other relevant details are furnished below.

1. Terminal No. To Be Activated: _____
2. Segment in which terminal is Activated (NSE/BSE/F&O)
(Fill different form for different segment)

Registered Office address of Registered Intermediary:

3. Status of the office where terminal is located (select one)
MAIN OFFICE
BRANCH OFFICE
REGISTER SUB BROKER
REGISTER OFFICE
4. Status and Address of our office where the terminal is proposed to be located:

Add:

Email:

Name and designation of the person :
(In-charge of the above office)

DETAILS OF THE PROPOSED USER (CTCL User)

5. Name of the person for whom this application for allotment of User ID is made
(*expand all initials*) : _____
6. Date of birth of proposed user : _____

7. Name of father of proposed user : _____

8. Permanent address of proposed user: _____

Tel. No.: _____

9. Present address of proposed user : _____

10. Qualification(s) of proposed user : _____

11. Authorize person (In case of FNO Segment only) : _____

12. Registration No. of the NCFM test : _____
(enclose copy of the NCFM certificate)

13. Validity Date of NCFM certificate :

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DD MM YYYY

Module (please tick whichever is applicable)

Capital Market [Please tick the applicable one]

Dealers

Derivatives

14. Relationship of the proposed user with the Registered Intermediary:
(Register sub broker/Employee / Approved person of Reg-Sub-broker / Approved user)

17. Mode of connectivity for trading from the said premises : _____

(VSAT / LAN / Dial-up / Leased Line / ISDN / INTERNET / RF)

18.Details of the existing terminal compulsory:

EXAMPLE OF THE DETAILS THAT HAS TO BE PROVIDED BY SUB-BROKER FOR ALL TERMINALS:

TERMINAL NO.	NSE NCFM CASH MODULE	BSE (BCSM)	FNO NCFM DERIVATIVE MODULE	PIN CODE OF THE TERMINAL
EXPIRY DATE OF CERTIFICATE				
EXPIRY				

I/We hereby agree and bind myself/ourselves to be responsible for all acts, quotations made and transactions done, trades made, or effected by

(Name of CTCL User) as our Approved User on the Trading System on the Capital Market/Futures & Options Segment of the National Stock Exchange. I/We shall ensure that the user for whom approval is sought now will not execute any order on his own account or on account of anyone without such order having our prior approval in writing. I/We shall ensure that the proposed Approved User (Name of CTCL User) will not function / place orders / deal on the trading system in any manner in his/her individual capacity and all such orders and trades that may be placed or executed on the trading system on the Capital Market /Futures & Options segment at the National Stock Exchange shall be only on my/our account. In case of (Name of CTCL User) ceasing to be associated with us as a director/ proprietor/ an employee/ an agent on commission basis/ a trainee, we shall communicate to you and seek the disablement of the User ID so allotted against this application. I/We are also aware that the NCFM certificate has a validity of 3 years and accordingly the User IDs so allotted would be withdrawn by the NSE and ISE Securities & Services Ltd. on the expiry of such period unless the said certification is revalidated. I/We certify that we have not applied for any other User ID in the name of

(Name of CTCL User) on the same segment for which this ID is now being applied for. The User ID so allotted would be utilized by (Name of CTCL User) only to access the CTCL trading system. I/We also wish to confirm that the office where this CTCL terminal is located belongs to me/us or rented by me /us and the individual for whom this ID has been sought is not a person who is ineligible to participate in the Capital Market/Futures & Options segment of the National Stock Exchange, as per the provisions of SCRA, SEBI Act, NSE Rules & Bye Laws, ISE Rules & Bye Laws and ISS Business Rules and Circulars. I/We hereby agree that any claim, whether admitted or not, difference or dispute between myself/ourselves and ISE Securities & Services Ltd. (ISS) arising out of transactions done through ISS, shall be subject to the exclusive jurisdiction of Courts in Mumbai

Date:

Place:

Stamp & Signature of the Registered Intermediary

I hereby declare that I am aware of the Rules, Bye-laws, Regulations and Circulars issued by the National Stock Exchange and ISE Securities & Services Limited. I agree to becoming a User of the CTCL facility provided by M/s ISE Securities & Services Limited. I undertake to intimate NSE and ISS on ceasing to be a director/ proprietor/ an employee/ an agent on commission basis/ a trainee of the Registered Intermediary. I hereby agree to abide by the Rules, Regulations, Bye-laws and Circulars issued by NSE and ISE Securities & Services Limited that may be in force from time to time and understand that appropriate disciplinary action may be initiated by ISS, ISE and NSE in case of violation of the Rules, Regulations and Bye-laws and Circulars issued by the NSE, ISE and ISS. I affirm that I have not applied for any other User ID on the same segment for which this ID is now being applied for. I will not allow anyone else to access / use the CTCL facility provided by ISS using the User ID so allotted to me.

I/We hereby agree that any claim, whether admitted or not, difference or dispute between myself/ourselves and Registered Intermediary arising out of transactions done through ISS, shall be subject to the exclusive jurisdiction of Courts in Mumbai

Date:

Place:

Name and Signature of User

ISE Securities & Services

CTCL ID - Activation Form

ALL Fields are Mandatory and should be complete in all sense.	
Hand Written form will not accpeted.	
Sub-Broker code	
Sub-Broker Name	
SEBI registration no	
CTCL Terminal	New/ Existing /Deactivation
Market Segment	
Office Address where CTCL terminal to be installed:	
Address1	
Address2	
Address3	
City	
State	
Pincode	
Contact Person's Name	
Telephone No. with STD Code	
Fax No. with STD Code	
Email Id	
Mode of Connectivity	

Details of the Approved User in whose name terminal to be activated	
First Name	
Middle Name	
Last Name	
Date of Birth of Approved User	
Address1	
Address2	
Address3	
City	
State	
Pincode	
Contact No. of Approved User	
Email ID of the Approved User	
Father's Details of Approved User	
First Name of Father	
Middle Name of Father	
Last Name of Father	
Registration No. of NCFM/ BCDE Exam	
Expiry Date of NCFM/ BCDE Exam Certificate	
PAN of the Approved User	
Signature of NCFM Certified user on certificate	Yes/No
Relationship of the Approved User	

CTCL terminal allotted on 1/5 scheme, if yes, Name of Approved User correspond to that	
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Signature of Subbroker	
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Signature of NCFM certified user	
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Signature of Terminal Operator	
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Mandatory Requirement:(Below part to be filled by ISS)	
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1) Attach Copy of NCFM /BCDE certificate (ensure that the photocopy is clear and visible)	
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2) Attach Proof of Photo-ID card with signature on same for verification	
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Terminal ID	
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Neat user ID	
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Terminal details upload date	
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Branch Code in ODIN	
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Dealer Code in ODIN	
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12 digit CTCL ID Code	
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Privileges not allowed for Pro	
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Date of Activation	
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Amount collected	
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Name of Person who has activated	
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Name of Person who has checked	
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