

**CTCL INFORMATION FOR REPLACEMENT OF CERTIFICATE**

**PLEASE PROVIDE ALL THE DETAILS ELSE FORM WILL BE REJECTED & ALSO  
PLEASE FILL UP DIFFERENT FORMS FOR SEPARATE TERMINALS AND SEGMENTS**

- 1] TERMINAL NO. :
- 2] SEGMENT :  
(PLEASE MENTION THE SEGMENTS ON TERMINAL)
- 3] REGISTERD OFFICES ADDRESS :
- 4] ADDRESS OF THE OFFICE WHERE THE CTCL TERMINAL IS :  
LOCATED ADDR :  
CITY :  
STATE :  
PIN :  
TEL :  
FAX :  
E-MAIL:
- 5] PERSON INCHARGE OF THE OFFICE :
- 6] NAME OF THE PERSON WHOSE CERTIFICTE IS BEING :  
WITHDRAWN
- 7] NCFM (NSE ) / BCSM ( BSE )REGISTRATION NO. WHICH IS TO :  
BE DEACTIVATED
- 8] NAME OF THE PERSON FOR WHOM THIS APPLICATION FOR :  
ALLOTMENT OF USER ID IS BEING MADE ( Person Sitting on the  
trading terminal )
- 7] DATE OF BIRTH : / /  
( Person Sitting on the trading terminal )
- 8] NAME OF THE FATHER OF PROPOSED USER :  
( Person Sitting on the trading terminal )
- 9] NCFM (NSE ) / BCSM ( BSE )REGISTRATION NO. :  
[ PLEASE ENCLOSE THE COPY OF THE CERTIFICATE ]
- 10] EXPIRY DATE OF THE NCFM / BCSM :
- 11] RELATIONSHIP OF EMPLOYER WITH THE APPROVED USER :  
- EMPLOYEE  
- REGISTERED SUB-BROKER  
- EMPLOYEE OF REGISTERED SUB-BROKER  
- APPROVED PERSON OF REGISTERED SUB-BROKER
- 12] MODE OF CONNECTIVITY :  
[ DIAL UP / LAN / ISDN / LEASED LINE / INERNET / RF/ VSAT ] :
- 13] SEBI Registragion : NSE: INS23  
BSE: IN

I / WE \_\_\_\_\_ HEREBY THAT THE ABOVE MENTIONED DETAILS  
ARE TRUE .