

## Business Partner Evaluation Form



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## INSTRUCTIONS

1. This Form is for the Purpose of evaluation process.
2. Please fill in all the details in the form only in BLOCK LETTERS.
3. Clearly specify the complete postal address with City, State and Pin code.
4. The reference provided should be business related and preferable from the financial service industry only.
5. Details about your city are required to identify the business prospects in your area.
6. Business forecasts should be rationally Identified.
7. Put your signature near the provided ✍ and mobile No. & Email ID is mandatory.
8. Please provide all the documents required and tick them appropriately in the Checklist provided at the end of the form.
9. In case you want to furnish some additional details then attach separate sheet for the same.
10. This Evaluation Form once accepted by Vishwas Fincap Services Pvt. Ltd. /Vishwas Commodities Pvt. Ltd. is not transferable.
11. Vishwas Fincap Services Pvt. Ltd./Vishwas Commodities Pvt. Ltd. in its absolute discretion reserves the right to accept or rejects this Evaluation Form without assigning any reason whatsoever.

Affix Recent  
 Passport  
 Size Photograph  
 and  
 Sign Across it

**Vishwas Fincap Services Pvt. Ltd.**  
**Vishwas Commodities Pvt. Ltd.**  
 310, Nangal Raya, Delhi Cantt  
 New Delhi-110046

Dear Sir,

I/We am/are pleased to furnish the following information and documents towards my Evaluation Form for Business Partner.

Applied for	<input type="checkbox"/> Share Broking	<input type="checkbox"/> Commodity	<input type="checkbox"/> Currency
Existing Relationship with Vishwas, if yes please provide the details			
Application Status:	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Proprietorship <input type="checkbox"/> HUF <input type="checkbox"/> Corporate

#### PERSONAL DETAILS

Name: Mr./Mrs./Ms.			
First	Middle	Last	
Name of Father/Husband			
First	Middle	Last	
Date of Birth/incorporation date (in case of other than individual)			Sex Male Female
Name of the Firm			
PAN No.	Name appear in Pan Card		
Office Address			
Flat/Plot No.	Bldg/Society Name		
Road No./Name	Area/Locality		
City	State	Pin	
Tel. No.	Mobile No.		
Residence Address	Owned/Rented		
Flat/Plot No.	Bldg./Society Name		
Road No./Name	Area/Locality		
City	State	State	
Tel. No.	E-mail ID		

#### BANK DETAILS

Bank Name	Bank Account No.	
Type of A/c	Saving / Current	Name Appear in Bank Record
Prefered Mode of Payment:		
IFS Code: NEFT	IFS Code: RTGS	
Bank Branch Address		

## EDUCATIONAL QUALIFICATION

(Of the person who are/shall be in charge of the business)

1)
2)
Residing for how many years in the same city
Details of the other Business (Write the name of the firm, contact person and address)
1)
2)
3)
Details of any NCFM / MCX / NCDEX / OTHER Courses / Certification

Occupation	<input type="checkbox"/> Working	<input type="checkbox"/> Non-working
Service		
Self Employed		
Nature of Business		
Other (Specify)		

## CAPITAL MARKET EXPERIENCE

Awareness	Rank	1 For Low	2 For Medium	3 High Awareness
<input type="checkbox"/> Share Broking <input type="checkbox"/> Commodities <input type="checkbox"/> Derivatives <input type="checkbox"/> Mutual Funds <input type="checkbox"/> Debt <input type="checkbox"/> IPOs <input type="checkbox"/> Other Speciy <input type="checkbox"/> Currency				
Whether Broker/Sub-broker at any time (Any entity related to the applicant)				<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, No of years in broking and period				
Name of the Firm			SEBI Regn. No.	
Name of the Main Broker			Stock Exchange	
Whether any dominant partner/shareholder is /was Broker/Sub-broker at any Time				<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, No of years in broking and period				
Name of the Firm				
Name of the Main Broker				
Stock Exchange				
<b>Avg. Daily Equity Trunover (Rs. in Lacs)</b>	<b>Delivery</b>	<b>Trading</b>	<b>Derivatives</b>	
Proprietary				
Client				
No. of Active Clients				
Annual Income (Approx)				
Current Value of Portfolio	<input type="checkbox"/> <2 Lacs <input type="checkbox"/> 2-5 Lacs <input type="checkbox"/> 5-20 Lacs <input type="checkbox"/> >20 Lacs			

### DETAILS OF THE ASSOCIATES / RELATIVES

Active as Broker / Sub broker (If any)			
1)			
2)			
Distribution of other Financial/Investment Products and details of the Organization Affiliated to			
Products		Organization	

### INFRASTRUCTURE

Employee Strength	
Office Space (Area in Sq. ft.)	<input type="checkbox"/> Sq. Ft. <input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Leased
No. of Trading Terminal (if any)	
Connectivity	<input type="checkbox"/> VSAT <input type="checkbox"/> Internet <input type="checkbox"/> Others
Power backup	<input type="checkbox"/> Inverter <input type="checkbox"/> Generator <input type="checkbox"/> UPS <input type="checkbox"/> Others
Internet Connection	
Type	<input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Moderate <input type="checkbox"/> Poor
Quality	<input type="checkbox"/> Dial Up <input type="checkbox"/> Leased Line <input type="checkbox"/> Cabler Other
Usage Per Week	<input type="checkbox"/> <5 Hrs. <input type="checkbox"/> 5-10 Hrs. <input type="checkbox"/> 10-20 Hrs. <input type="checkbox"/> >20 Hrs.

Avg. Power Shut Down No. of Hours and General Timing
Location of Nearest ICICI Bank / HDFC Bank

### BUSINESS COMMITMENT

Cummulative	3 Months	6 Months	1 Year
No. of Relationship(s) Client(s)			
Daily Turnover (Rs. in Lacs)			
Delivery			
Trading			
Commodity			
Gross Brokerage (Per Months)			

## CERTIFICATION STATUS

No. of Certified Persons \_\_\_\_\_ NCDX \_\_\_\_\_ MCX \_\_\_\_\_

	I	II	III
Name of the Person (s)			
Qualification			
DOB			
Permanent Address			
Father's Name			

## DETAILS ABOUT THE CITY

<p><b>Population</b></p> <p>Top 5 Broker (S) / Sub Broker (S) of the city</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p>
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## Business Associates Brokerage Sheet

### i-Basic Details of Business Associate:-

1 - Business Associates -Code	
2 - Related Branch Code-	
3 - Name (as on PAN Card)-	
4 - Name (as per Bank)-	
5 - PAN No.-	
6 - Bank Account No.-	
7 - Bank Name -	
8 - Mobile Number(Compulsory)-	
9 - E Mail Id (Compulsory)-	
10 - Address (with state, Distt & Pin code):-	

Paste Across Signed  
Passport size Photo of  
First  
Director/Partner/Proprie-  
tor/ Authorised  
Signatory

### ii-Business Terms:-

1-Segments Applied-	(Please Tick)	(Please Tick)	
Equity (Cash)	<input type="checkbox"/>	Authorised Person	<input type="checkbox"/>
Equity (F&O)	<input type="checkbox"/>	Remiser	<input type="checkbox"/>
Commodity(MCX)	<input type="checkbox"/>	Sub-Broker	<input type="checkbox"/>
Commodity(NSEL)	<input type="checkbox"/>	DSA	<input type="checkbox"/>
Currency	<input type="checkbox"/>		<input type="checkbox"/>
3-Sharing Pattern:-	A- Percentage Base Sharing B- Fixed Base Brokerage		



Part A					
4-Sharing Ratio-	Equity+FO	Commodity	Currency		
BA : Company					
Part B					
5-End client Minimum Brokerage slabs:-					
	Equity+FO		Commodity NSEL		Currency
	%	Min%	Min%	Min	
Delivery					
Intraday					
Option			Commodity		
Future					
6-Fixed Brokerage Slabs (Net to Company)-					
	Equity+FO		Commodity NSEL		Currency
	%	Min%	Min%	Min	
Delivery					
Intraday					
Option			Commodity		
Future					

Business Associate  
Signature

Authorised Signatory  
Sign with Full Name

Final Approving  
Authority Sign  
with Full Name

Effective Date

### iii-Special Terms and Conditions:-

1 - Security Deposit-(Cheq./DD)	
2 - Security Deposit(Shares after hair cut)-	
3 - Monthly Charges-Vsat/Odin/Internet id-	
4 - Support Service and Other Charges-	

8 - Remarks /Commitments/ Promotional offer (if any):-

/ / 2012

**REFERENCE (BUSINESS RELATED)**

Name:	Name:
Address:	Address:
Flat/Plot No:	Flat/Plot No:
Bldg/Society Name:	Bldg/Society Name:
Road No./Name:	Road No./Name:
Area/Locality:	Area/Locality:
City:	City:
State:                      Pin:	State:                      Pin:
Tel. No.:	Tel. No.:
Fax No.:	Fax No.:
Mobile No.:	Mobile No.:
E-mail: .....@ .....	E-mail: .....@ .....

**To be filled by proposer only:**

**Terms Proposed**

**1. Brokerage Sharing**

Vishwas	AP/Sub Broker
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**2. Connectivity with H.O. (Tick one)**

VSAT	Internet	Lease Line
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**3. Security Deposit**

Security Deposit

Processing Fee

Please enclose the list of securities	
Cheque No. _____	Cheque No. _____
Amount: _____	Amount: _____
Cheque/DD Date: _____	Cheque/DD Date: _____

	Name	Date	Location
Reference Branch Code			
Reference introducer Code			
Regional BP development			
Team Member Name & Code			

I / We hereby declare that the details furnished in the form are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein. In case any of the information furnished is to be found false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.

\_\_\_\_\_

**ADDITIONAL INFORMATION TO BE PROVIDED BY NON-INDIVIDUAL APPLICANT**

	(1)	(2)
Name of Promoters/ Wholetime Directors/ Directors/Partners	Affix photograph here and sign across	Affix photograph here and sign across
Designation		
Res. Address		
Tele/Fax		
Qualification		
Experience		
P.A.N.		
Signature		

	(1)	(2)
Name of Authorized Person	Affix photograph here and sign across	Affix photograph here and sign across
Designation		
Res. Address		
Tele/Fax		
Qualification		
Experience		
P.A.N.		
Signature		

*NOTE : If any information required to be given does not fit in the space provided in the form, an Annexure may be used.*

Date of Incorporation  Date of Commencement of Business

ROC/SEBI/Other Regn. No.  Nature of Business

Networth in Figures : ..... Networth in Words: .....



Documens Checklist	Applicant (below)	For Office Use Only
1. Copy of Income tax returns for the past 3 years		
(1) Assessment Year .....		
(2) Assessment Year .....		
(3) Assessment Year .....		
2. Proof of Education		
(1) _____		
(2) _____		
3. Proof of Identity: (One of the following)		
(In case of company please submit for each director and dominant shareholder, for partnership for each partner)		
(1) Passport		
(2) Letter from existing bank		
(3) Driving License		
(4) PAN Card (Mandatory)		
(5) Voter's ID Card		
(6) Income/Wealth Tax Assessment orders (latest)		
4. Proof of Residence: (One of the following)		
(1) Passport		
(2) Bank Statement/Passbook with transition (Latest 2 months)		
(3) Electricity Bill (Latest 2 Months)		
(4) Telephone Bill (MTNL/BSNL) (latest 2 months)		
(5) Voter ID Card		
(6) Driving License		
5. Details of the proceedings initiated against the applicant/associates by regulatory authorities or whether any civil/criminal cases were filed against the applicant/associates. (If applicable)		
6. Duty filled Authorised Person form of NSE (Enclosed)		

## Investment Product & Services

Member, NSE, BSE, NSEL, MCX & CDSL

- Equities
- Commodities
- Insurance
- IPOs
- DP Services
- Research
- National Pension Scheme
- e-Filing of Return
- Loan & Investment Consultant
- Derivatives
- Currency
- Mutual Fund
- Online Trading
- Advisory Services
- PAN Cards
- Real Estate Consultant
- Business Support Service



तन्नो लक्ष्मीः प्रचोदयात्  
**VISHWAS**  
Be wise Invest wise Member of NSE, BSE, MCX, NSEL & CDSL  
www.vishwasfincap.com

**VISHWAS GROUP**

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