

## 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.

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

Affix Recent  
Passport  
Size Photograph  
and  
Sign Across it

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 |  |
| Preferred 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"/> Cables 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> |
|---|

## Business Associates Brokerage Sheet

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

|  |  |   |
|--|--|---|
| 1 - Business Associates -Code                    |  | Paste Across Signed<br>Passport size Photo of<br>First<br>Director/Partner/Proprie-<br>tor/ Authorised<br>Signatory |
| 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<br>(with state, Distt & Pin code):- |  |   |

### ii-Business Terms:-

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

#### Part A

|  |           |                |          |   |
|--|-----------|----------------|----------|---|
| 4-Sharing Ratio-                       | Equity+FO | Commodity      | Currency | Business Associate<br>Signature             |
| BA : Company                           |           |                |          |   |
| 5-End client Minimum Brokerage slabs:- |           |                |          |   |
|  | Equity+FO | Commodity NSEL | Currency | Authorised Signatory<br>Sign with Full Name |
|  | %         | Min%           | Min      |   |
| Delivery                               |           |                |          |   |
| Intraday                               |           |                |          |   |
| Option                                 |           | Commodity      |          |   |
| Future                                 |           |                |          |   |

#### Part B

|   |           |                |          |   |
|---|-----------|----------------|----------|---|
| 6-Fixed Brokerage Slabs (Net to Company)- |           |                |          | Authorised Signatory<br>Sign with Full Name         |
|   | Equity+FO | Commodity NSEL | Currency |   |
|   | %         | Min%           | Min      |   |
| Delivery                                  |           |                |          |   |
| Intraday                                  |           |                |          |   |
| Option                                    |           | Commodity      |          |   |
| Future                                    |           |                |          | Final Approving<br>Authority Sign<br>with Full Name |

### 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):- | Effective Date | / / 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 |
|---------|---------------|

#### 2. Connectivity with H.O. (Tick one)

|      |          |            |
|------|----------|------------|
| VSAT | Internet | Lease Line |
|------|----------|------------|

#### 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.



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

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

|                              | (1)   | (2)   |
|------------------------------|---|---|
| Name of Authorized<br>Person | Affix<br>photograph<br>here and<br>sign<br>across | Affix<br>photograph<br>here and<br>sign<br>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<br>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<br>by regulatory authorities or whether any civil/criminal cases were filed<br>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
- D P 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



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