BONANZA PORTFOLIO LTD..

KINDLY FILL THE COMPLETE FORM IN CAPITAL LETTERS

The client should fill own particulars in his/her own handwriting

MOBILE TRADING REQUEST FORM

Place:		Date:
Branch Prefix	:	Branch Address:
Branch Contact Person	:	Designation/Status of contact person:
Branch Contact No.:	Mobile:	Landline:
Client's Name:	•••••	Unique Client Code:
Client's Contact: Mobile	No.:	Landline No: (With STD Code)
Type of Connection: (Pre	paid / Postpaid).	(Please Specify, attach proof)
Name of the Holder of Mo	obile Phone Num	ber:
		Phone Holder:
Client's Email id	:	
Client's Father's Name	:	Husband's Name:
Client's Date of Birth	:	(In case of Married woman)
Client's Residential Addre	ess :	
Client's Permanent Addre	ess :	
Client's Profession	: \ \	
Client's Business/Office A	Address:	
Client's Qualification		
Client's Permanent Accou	ınt No.(PAN):	(Attach self attested photocopy)
ONLY AND I/WE SHALL OTHER PERSON AND CO	L BE SOLELY R ONSEQUENT WII I/WE SHALL BE	MY/OUR USER ID & PASSWORD AS SECRET FOR USE BY ME/USESPONSIBLE FOR LEAKAGE OF USER ID & PASSWORD TO ANY LLFULL OR OTHERWISE USE OF MY/OUR DIET ID BY ANY OTHER SOLELY RESPONSIBLE AND LIABLE FOR THE ASSOCIATED AND ES ETC.
(Signature of Client)		(Signature of Branch Head)

<u>ALL FIELDS ARE MANDATORY</u>. Request for MOBILE TRADING should come from client's email id. to <u>diet@bonanzaonline.com</u> with cc to respective branch's/regional office's e-mail id.