

## Annexure 5

### Form of Bio-data of 'Individual', or, if institution or company; bio-data of Director(s), Partners, Authorized Representatives

For Office only

Name of Member: \_\_\_\_\_

Type of Member: \_\_\_\_\_

Membership No.: \_\_\_\_\_

Verified by: \_\_\_\_\_

Please affix your  
recent passport size  
colour photograph

### To be filled by Directors/Partner/Authorized Representative

Full Name: \_\_\_\_\_

Designation

- ☐ Individual/Natural person (non-corporate entity)
 ☐ Director
 ☐ Managing Partner
 ☐ Partner
 ☐ Compliance Officer
 ☐ Any Other (Please Specify) \_\_\_\_\_

Whether Authorized Signatory

- ☐ Yes
 ☐ No

Date of Birth

D	D	M	M	Y	Y	Y	Y

Whether Authorized Representative

- ☐ Yes
 ☐ No

**Address:**

Office: \_\_\_\_\_

Residence: \_\_\_\_\_

**Telephone** (With country & area code)

Office: \_\_\_\_\_

Residence: \_\_\_\_\_

Email: \_\_\_\_\_

Mobile No: (With country & area code) \_\_\_\_\_

Fax No: (With country & area code) \_\_\_\_\_

## Annexure 5

Qualification(s): \_\_\_\_\_

Work Experience *(in detail)*: \_\_\_\_\_

Details of other directorships held *(if any)* \_\_\_\_\_

Membership of Professional Bodies: \_\_\_\_\_

Nationality: \_\_\_\_\_

Passport /National Id Card Number \* \_\_\_\_\_

Date of Issue

D	D	M	M	Y	Y	Y	Y

Date of Expiry

D	D	M	M	Y	Y	Y	Y

### Acknowledgement

The above information is true and correct to the best of my knowledge.

Place: \_\_\_\_\_

D	D	M	M	Y	Y	Y	Y

Signature [x] \_\_\_\_\_

Note:

- 1) Its mandatory to provide all the required information
- 2) \* Please enclose a certified true copy of the passport/citizenship card