

## 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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

Date of Expiry

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

### Acknowledgement

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

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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