



## Business Associate Empanelment Form

Name :

Contact Person :

Permanent Address :

Correspondence Address :

City :  Pin:

Telephone :  Fax:

Mobile No. :

Email :  Occupation:

Bank Details .....

Bank Name :

Branch Address :

Account No. :

A/c Type :  MICR No.:

PAN No. :  IFSC Code:

AMFI No. :  AMFI Validity:

(Please attach Xerox of the certificate)

**Declaration:**

- 1) I/We confirm having been allotted PAN No.
- 2) I/We confirm that I/we have been allotted AMFI Registration No.

Place:

Date:

Signature of Authorised Signatory (Associate)

**Proof of identity to be provided by Individual**.....

PAN Card (Mandatory)

**Proof of address to be provided by Individual** (ONE MANDATORY AND ONE FROM THE LIST)

Bank Statement of last six months(Mandatory)

(Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.)

- Latest Telephone Bill (not more than 2 month old)
- Latest Electricity Bill (not more than 2 month old)
- Passport
- Driving License (with validity period)
- Latest Bank Passbook / Bank Account Statement
- Voter Identity
- Card Ration
- Card Registered Lease / Sale Agreement of residence

**For Non Individual**.....

Copy of Company's Pan Card (Mandatory)

**Mandatory Certified Documents to be submitted, as applicable (please tick (✓) against documents attached)**

I) Hindu Undivided Family (HUF)

Deed of Declaration  Latest Bank Passbook /Latest Bank Account Statement

ii) Company / Body Corporates.

Certificate of Incorporation  Memorandum & Articles of association  Resolution of the Board of Directors  
 Authorised Signatory List with specimen signatures

iii) Partnership firms

Certificate of registration  Documents evidencing authority of invest  Partnership deed  
 Authorised Signatory List with specimen signatures

iv) Trusts, Foundations, NGO's, Charitable Bodies, Clubs / Mutual Funds Schemes

Certificate of registration  Trust deed  Authorised Singatory

v) Unincorporated association or a body of individuals

Proof of Existence / Constitution Document  Documents evidencing authority to invest  
 authorised signatory list with specimen signature

vi) Foreign Institutional Investors (FIIs)

Letter and Certificate of Registration issued by SEBI  Authorised Signatory list specimen signature

vii) Scheduled Commercial banks and Registered Financial Institutions not incorporated under the companies Act, 1956 / Regulatory Bodies / Army / Government Bodies / Any other bodies created / incorporate / registered under state or Central legislation being eligible to invest in Mutual Funds

Copy of Constitution / registraton documents  List of authorised signatories  
 Documents evidencing authority to invest

## VERIFICATION

Date Verified : \_\_\_\_\_

Associate's Name : \_\_\_\_\_

PAN Card No : \_\_\_\_\_

**Documents Verified & Certified** : 1. \_\_\_\_\_  
(Please list as seen originals) 2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_

**Existence of Vertical** : Telesales   
Direct Retail   
W M G   
Venues

**List of Telemcalling Numbers** : \_\_\_\_\_  
( Please List )

TRAI Approval : Yes  No

Current Capacity (for telesales) : \_\_\_\_\_  
(No. of Seats)

Registered with DM guidelines : Yes  No

**Name of Introducer Verified by**  
(Partner introduced by)

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

Date : \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_

Mobile no : \_\_\_\_\_

**Verified by**

RM : \_\_\_\_\_  
Name Signature

State Head : \_\_\_\_\_  
Name Signature

**To be Completed by the RM/SM/State Head:** .....

- 1. I Well
- 2. Saiba
- 3. Athena

**Please provide the below information incase code to be allotted in Athena:**

Brief Description of the Associate (Including past Association, Accreditations, Achievements etc)

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**Only for HO use:** .....

Doc verifying official's Name : .....

Verified Date : .....

Code allotted : .....

Login created : .....

Signature of the verifying official : .....

**For Office use:** .....

Sharing Ratio : .....

Regional Code (region prefix) : .....

Branch Code (branch prefix) : .....

Name of Relationship Manager : .....

Code of the RM : .....

Name of the Team Leader : .....

Code of the Team Leader : .....

Date of Form collected : .....

## Terms and Conditions

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- Agency code allotted to you is to be stamped at the appropriate place, on the application forms. Any claims for the Associate Fees will be entertained only in case you have affixed agency code allotted to you on the form. We are not liable for any errors in the Agency code column, which may raise on account of incorrect information as per the allotment statement provided us in any issue.
- Associate Fees will be paid at the rates specified, on our receiving the same from the Company and on the basis of agency wise allotment statement furnished. Fees will be communicated to you for selected issues on a case to case basis.
- We shall endeavor to provide the following service: (A) Up to date information & details list of subscription generated through your agency code and the rate of Associate Fees payable thereon (B) Payment of Associate Fees in respect of all application collected by you using our code.
- Associate Fees will be paid by cheque in the name of the Business Associates, subject to service tax and TDS applicable (and not to any nominee or other person) and will be marked-Account payee payable at Mumbai. In case of outstation Fees will be paid by DD.
- Any change in agency code or name will not be allowed. except at our sole discretion. Such request will not be entertained in respect of business already canvassed and forms submitted to us. Clubbing of agency code is not permissible except at our sole discretion.
- We reserve the right to discontinue this appointment without assigning any reason at any point of time. We also reserve the right to alter, amend, add, delete and modify any / all of the above mentioned terms and conditions. In case of any ad hoc revision in rates of Fees payable to us, the issuer Fees rates payable to all the brokers will be automatically stand revised from such date. In case of premature withdrawal of deposits, proportionate Fees will be recovered from the Associate.
- All the application should be collected by means of Account payee cheque / DD made payable to the Company / banker as specified on the application form. We have not authorized any one to accept cash / money orders, postal orders or any other form of remittance on our behalf. We are not liable for any such transaction entered into which involve handing of CASH.
- All Disputes are subject to Mumbai Jurisdiction. The Associate shall not have any claim against Bonanza for any loss incurred by him / her as not anticipated and arising out of any revision in the rate (s) of Fees for business canvassed / tuned mobilized.
- In case the Associate receives any fee which is not due or payable to the Associate, Bonanza shall be entitled to recover or adjust all such amounts wrongly paid to the Associate.
- In case of non - compliance of any terms and conditions mentioned herein and non- compliance of SEBI / AMFI guidelines as may be specified from time to time, Bonanza reserve the right to suspend further business and payment of Associate etc. till such compliance requirements are met / fulfilled by the Business Associate'.
- In case of termination of the agency as mentioned herein, Bonanza is not liable pay to any Fees on the funds mobilized by the Associate before the termination of the agency.
- The nominee of individual Associate will receive Fees on business done before the demise of the Associate's holding ARN card, provided the distributor has complied with the terms and conditions of empanelment. The nominee will not be entitled for any Fees on sip investment post demise of distributor. In case of any payment made during the period of actual date of demise, and date of intimation of demise, the amount so paid shall be recoverable from the nominee.

### **Liabilities and Indemnities:**

The Associate shall indemnify and hold harmless Bonanza against all claims, losses, costs, damages which they might incur/suffer as a result of

1. Any act or omission not being in accordance with SEBI (Mutual funds) Regulations or any rule, regulation, circular or notice issued by any Regulatory authorities.
2. Breach of any of the terms, conditions, declarations, representations, undertakings and warranties or other provisions hereof, on the part of the distributor or its employees, agents and representative.

### **Termination:**

The appointment of the associate shall be liable to be terminated by Bonanza if he/she is found to be a minor or adjudicated as an Insolvent or found to be unsound mind by a Court of competent jurisdiction.

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Bonanza's Authorized Signatory

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Associate's Signature