

Checklist to be filled by  
**RM/AP/SB at the time of submitting the forms.**

Form : **A1.2**

<b>Client Name</b>	
<b>Group Code</b>	
<b>Group Name</b>	

CM SEGMENT							
Slab No.	Delivery		Intra Day 1 <sup>st</sup> Side		Intra Day 1 <sup>st</sup> Side		Per Contract
	%	Min	%	Min	%	Min	Min.

FO / FX / MCX SEGMENT									
Segment	Slab No	FUTURES				OPTIONS			
		1 <sup>ST</sup> %	1 <sup>ST</sup> Min	2 <sup>ND</sup> %	2 <sup>ND</sup> Min	1 <sup>ST</sup> %	1 <sup>ST</sup> Min	2 <sup>ND</sup> %	2 <sup>ND</sup> Min
<b>Eq. Derivatives</b>									
<b>Curr. Derivatives</b>									
<b>MCX</b>									
<b>NCDEX</b>									

<b>Risk Category</b>	
<b>Multiplier</b>	<input type="checkbox"/> 1X <input type="checkbox"/> 2X <input type="checkbox"/> 3X <input type="checkbox"/> 4X
<b>Net Access</b>	<input type="checkbox"/> Offline <input type="checkbox"/> Net.Net <input type="checkbox"/> Diet