

**Saltlake Infosolutions Pvt. Ltd.**  
**An ISO 9001:2008 Organization**  
G-5, Gnd Floor, Koyla Vihar Abhinandan  
VIP Road, Kolkata 700-052  
Phone: +91-98315 92533  
Email: ctcl-impl@saltlakesoft.com

## **CTCL/IML IT Security Policy Application Form**

### **COMPANY/FIRM INFORMATION**

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Company's PAN No.

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
PIN Code

\_\_\_\_\_  
Name of Director

\_\_\_\_\_  
Name of Authorised Signatory

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
E-mail address

We avail of the following facilities (tick all applicable)

CTCL

IML

### **SEBI REGISTRATION NO. OF THE MEMBER**

\_\_\_\_\_  
NSE CM

\_\_\_\_\_  
NSE F&O

\_\_\_\_\_  
BSE CM

\_\_\_\_\_  
BSE F&O

\_\_\_\_\_  
MCX-SX

### **PAYMENT INFORMATION**

Please find enclosed Cheque/DD for Rs. 9,500 (Rupees Nine Thousand and Five Hundred only) favouring "Saltlake Infosolutions Pvt. Ltd.", payable at Kolkata.

\_\_\_\_\_  
Cheque/DD No.

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Name of Bank

I/we hereby state that the above information furnished to you is true in best of our knowledge. We further assure you that IT Securities Policies provided to us by you will be used for our organization's internal purposes only.

<p>_____ <b>Date</b></p>	<p>_____ <b>(Signature of director/authorised signatory)</b></p>
<p>_____ <b>Place</b></p>	<p><b>(Seal of the company)</b></p>

**Please send completed form to the mailing address given at the beginning of the form**