

D. TRADING PREFERENCES

Note: Please sign in the relevant boxes against the Exchange with which you wish to trade.
The Exchange not chosen should be struck off by the client.

S. No.	Name of the National Commodity Exchanges	Date of Consent for trading on concerned Exchange	Signature of the Client
1.	MCX (Future & Options)	D D M M Y Y Y Y	
2.	NCDEX (Future & Options)	D D M M Y Y Y Y	

[In case of allowing a client for trading on any other Exchange at a later date, which is not selected now, a separate consent letter is required to be obtained by the Member from client]

E. INVESTMENT / TRADING EXPERIENCE

No Prior Experience
 In Commodities _____ Yrs
 In other investment related fields _____ Yrs

F. G.S.T. Registration Details (As applicable)

Sr.No.*	State	GST Registration Number
1.		
2.		
3.		

*Please attach copy of GST Registration Certificate.

G. SALES TAX REGISTRATION DETAILS (As applicable, State wise)

Sales Tax	State	Registration Number	Validity Date
Local			
Other			
Central Sales Tax	N.A.		

H. VAT DETAILS (As applicable, State wise)

VAT	State	Registration Number	Validity Date
Local			
Other			

I. DETAILS OF RELATED PERSON

Addition of Related Person
 KYC Number of Related Persons (If available*)

Related Person Type * Guardian of Minor Authorized Representative Assignee

Name _____

(If KYC Number and name are provided, below details are optional)

PROOF OF IDENTITY [PoI] OF RELATED PERSON*

<input type="checkbox"/> A - Passport Number		Passport Expiry Date	D D M M Y Y Y Y
<input type="checkbox"/> B - Voter ID Card			
<input type="checkbox"/> C - PAN Card			
<input type="checkbox"/> D - Driving Licence		Driving Licence Expiry Date	D D M M Y Y Y Y
<input type="checkbox"/> E - UID (Aadhaar)			
<input type="checkbox"/> Z - Others (any document notified by the central govt.)		Identification Number	

J. PAST ACTIONS

Details of any action/proceedings initiated/pending/ taken by SEBI / Stock Exchange / Commodity exchange/any other authority against the client or its Partners/Promoters/Whole Time Directors/Authorized Persons incharge during the last 3 years Yes No

If yes, Mention Details.....

1.
2.
3.

K. DEALINGS THROUGH OTHER TRADING MEMBERS

If client is dealing through any other Member, provide the following details (in case dealing with multiple Members/AP's, provide details of all in a separate sheet containing all the information as mentioned below:

Member's / AP's Name		Client Code	
Exchange		Exchange Regn. No.	
Concern Members Name with whom the AP is Registered			
Registered Office Address			
City/Town/Village		PIN Code	
State		Country	
Ph.	Fax	Email	Website
Details of disputes/dues pending from/to such Member/AP:			

L. INTRODUCER DETAILS (Optional)

Name of the Introducer			
Status of the Introducer	<input type="checkbox"/> Existing Client <input type="checkbox"/> Authorized Person <input type="checkbox"/> Others, please specify _____		
Address of Introducer			
City/Town/Village		PIN Code	
State		Country	
Phone No.		Signature of the Introducer	
Client Code/Client ID (if Existing Client)			

M. ADDITIONAL DETAILS

1. Whether you wish to receive communication from Member in electronic form on your Email Id. <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes then please fill in Appendix - A)	
2. Whether you wish to avail of the facility of Internet Trading/Wireless Technology <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Mode of receiving Standard Account Opening Documents <input type="checkbox"/> Electronic Mode <input type="checkbox"/> Physical Mode	
4. Mobile Number Declaration (*Family to strictly include spouse, dependent children and dependent parents only, Kindly tick on relevant option.)	I hereby declare that the Mobile number mentioned on KYC belongs to : <input type="checkbox"/> Self <input type="checkbox"/> Family* (please specify the relation below) : <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents Family PAN <input type="text"/>
5. E-mail ID Declaration (*Family to strictly include spouse, dependent children and dependent parents only, Kindly tick on relevant option.)	<input type="checkbox"/> I hereby declare that I do not have any E-mail ID. OR <input type="checkbox"/> I hereby declare that the E-mail ID mentioned on KYC belongs to: <input type="checkbox"/> Self <input type="checkbox"/> Family* (please specify the relation below) : <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents Family PAN <input type="text"/>

N. NOMINATION DETAILS (For Individual Only)

NOMINATION REGISTRATION NO.	Dated
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I / We the sole holder / Joint holders / Guardian (in case of minor) hereby declare that:
 I/We do not wish to nominate any one for this commodity trading account.
 I/We nominate the following persons who is/are entitled to receive commodity balances/funds lying in my account, particulars where of are given below, in the event of my death.

NOMINEE NAME	Nominee 1	Nominee 2	Nominee 3
*First Name			
Middle Name			
*Last Name			
*Address			
*City			
*State			
*PIN			
*Country			
Telephone No.			
Fax No.			
PAN No.			
UID No.			
Email ID			
*Relationship with the BO/Trading A/c			
Date of Birth (Mandatory if Nominee is a minor)	D D / M M / Y Y Y Y	D D / M M / Y Y Y Y	D D / M M / Y Y Y Y

Name of the Guardian of Nominee (if nominee is a minor)

*First Name			
Middle Name			
*Last Name			
*Address of the Guardian of nominee			
*City			
*State			
*Country			
*PIN			
Age			
Telephone			
Fax No.			
Email ID			
*Relation of the Guardian with the nominee			
*Percentage of allocation of securities/funds			
*Residual Securities/funds [please tick any one nominee, if tick not marked the default will be first nominee]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


Note : Residual securities/commodities: incase of multiple nominees, please choose any one nominee who will be credited with residual securities/commodities/funds remaining after distribution of securities/commodities/funds as per percentage of allocation. If you fail to choose one such nominee, then the first nominee will be marked as nominee entitled for residual shares/commodity/funds, if any.

*** Marked is Mandatory field**
 This nomination shall supersede any prior nomination made by me and also any testamentary document executed by me.
Note: One witnesses shall attest signature(s) / thumb impression(s)

Name of witness		
Address of witness		
		Signature of witness

DECLARATION

1. I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any change therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.
2. I/We understand that the Member Broker is relying on this information for the purpose of determining the status of the applicants named above in compliance with FATCA/CRS. The Commodity Broker is not able to offer any tax advice on FATCA or CRS or its impact on the applicants and I/We shall seek advice from professional tax advisor for any tax questions. Further, I/We agree to submit a new form within 30 days if any information or certification on this form gets changed. I /We agree, as may be required by Regulatory authorities, Commodity Broker shall be required to comply to report, reportable details to regulators / tax authorities / or close or suspend my/our account(s).
3. I/We confirm having read/been explained and understood the contents of the tariff sheet and all voluntary/non-mandatory documents.
4. I/We further confirm having read and understood the contents of the 'Rights and Obligations' document(s), 'Risk Disclosure Document' and 'Do's and Dont's'. I/We do hereby agree to be bound by such provisions as outlined in these documents. I/We have also been informed that the standard set of documents has been displayed for Information on Member's website.

Place : _____  _____

Date : _____ Signature of Client / (all) Authorised Signatory/ies*

* Form need to be signed by all the authorised signatory/ies

FOR OFFICE USE ONLY

UCC Code allotted to the Client	
	Documents verified with Originals
Name of the Employee / AP*	
Employee Code	
Designation of the Employee / AP*	
Date	
Signature	

I / We undertake that we have made the client aware of tariff sheet and all the voluntary/non-mandatory documents. I/We have also made the client aware of 'Rights and Obligations' document (s), RDD, 'Do's and Dont's' and Guidance Note. I/We have given/sent him a copy of all the KYC documents. I/We undertake that any change in the tariff sheet and all the voluntary/non-mandatory documents would be duly intimated to the clients. I/We also undertake that any change in the 'Rights and Obligations' and RDD would be made available on my/our website for the information of the clients.

Date : _____

Signature of the Authorised Signatory Seal/Stamp of the Member

* AP: Authorised Person