

MASTER COMMODITY SERVICES LTD

CIN- U67I20PBI99IPLC0II574

Registered Office: SCO 19, Master Chambers, Feroze Gandhi Market, Ludhiana - 141 001 Corporate Office: 1012, 10th Floor, Arunachal Building, 19, Barakhamba Road, New Delhi-110 001 Ph.: 011-42111000 | E-mail: helpdesk@mastertrust.co.in | Website: www.mastertrust.co.in



A. OTHER DETAILS
I. GROSS ANNUAL INCOME DETAILS (Please Specify)
Income Range per annum ☐ Below ₹ ILac ☐ ₹ I-5 Lac ☐ ₹ 5-10 Lac ☐ ₹ 10-25 Lac ☐ More than ₹ 25 Lac FOR
Networth Amount (₹) as on □ □ M M Y Y Y Y (Networth should not be older than I year) INDIVIDUAL
Income Range per annum ☐ Below ₹ ILac ☐ ₹ I-5 Lac ☐ ₹ 5-10 Lac ☐ ₹ 10-25 Lac ☐ ₹ 25-1 Crore ☐ More than ₹ I Crore
Networth Amount (₹) as on □ □ M M Y Y Y Y (Networth should not be older than I year) NON-INDIVIDUA
Copy of ITR/Networth certificate is required in case income is 10 Lac & above / Networth is 30 Lac & above.
2. OCCUPATION
(Please tick any Private Sector Public Sector Government Service Business
one and given Professional Farmer Others (Specify)
brief details) Brief Details
3. Please tick, if applicable
□ Politically Exposed Person (PEP) □ Related to a Politically Exposed Person (RPEP)
□ Not a Politically Exposed Person (PEP) □ Not Related to a Politically Exposed Person (RPEP)
4. Name, PAN residential address and photograph of Promoters/Partenrs/Karta/Trustees and whole time directors
If space is insufficient, enclose this details separately. [Illustrative format as per KYC Part-I]
If you have a landline connection, kindly provide the sa
B. BANK ACCOUNT(S) DETAILS
Sr. No. Bank Name Branch Address & Pin Code Type of Bank Account / A/c No. MICR Code*
1. Saving Current Others Others
No IFSC Code
□ Saving □ Current □ Others □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
2. No IFSC Code
Note: Provide a copy of cancelled cheque leaf/passbook/bank statement specifying name of the client, MICR Code or/and IFSC Code of the Bank and the code of
C. DEPOSITORY ACCOUNT(S) DETAILS, if available
S. No. Depository Participant Name Depository Name Beneficiary Name DP ID Beneficiary ID (BO ID)
1. DISDL CDSL
2.

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Ш.	IKA	ч	NUT	PК	FFF	KFN	ICFS

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	
2.	NCDEX (Future & Options)	D D M M Y Y Y	Ø1

[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]							o be																							
E. IN	VESTMENT	/ TRAI	DINC	ΕX	PEF	RIEN	CE																							
□ No	Prior Experienc	ce] In	Com	nod	ities		Yrs In other investme								men	t re	lated	l fiel	ds_			Y	rs				
F G	.S.T. Regist	ration	Net	aile	(Δ ς	ann	ical	hle)																						
Sr.No.*	i.o.ii. ilogiot	lation		State		арр	Iou	510)		GST Registration											nn l	Number								
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2.																														
3.																														
*Pleas	se attach copy	of GS7	ΓReg	jistra	tion	Cert	fica	te.																						
G. S	SALES TAX R	EGIST	[RA]	TION	l DE	TAI	.S (As a	ppl	ical	ble,	Stat	e wi	ise)																
Sales Ta	ах			St	ate							Reg	istra	tion	Nun	ber								Vali	dity	Dat	е			
Local																														
Other																														
Central S	Sales Tax			N	Α.																									
H. V	AT DETAILS	(As a	ppli	cable	e, S	tate	wis	e)																						
VAT				St	ate					Registration Number										Validity Date										
Local																														
Other																														
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	ETAILS OF RE) PE	RSOI	N																									
Additio	on of Related Per) PE	RSO	KY					Per	sons	(If av																		
Addition) PE	RSOI	KY	Num ardiai				Per	sons	`			eprese	ntativ			Assig	gnee										
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Additional Related Per Name PROOF A - Pa	on of Related Pererson Type * OF IDENTIT assport Number	rson (If KYC I	Numb	er an	KY(ardiai 	of I	1inor vide	d, be			Aut	horiz	ed R		ntativ	e [te	D	D	M	M	Υ	Y	Y	Υ	
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J. PAST ACTIONS													
					SEBI / Stock Exchange / C			other author	ty agai	nst the			
					zed Persons incharge durinț	,	s [□ Yes □	No				
1.									<u></u>				
2.													
3.													
	ICII I	OTUE		AEMDED	c								
K. DEALINGS THRO										4 11			
If client is dealing through in a separate sheet contain					owing details (in case dealin I below:	ig with multiple	Members	/AP's, provide	details	of all			
Member's / AP's Name						Client Co	de						
Exchange					Exc	change Regn. N	lo.						
Concern Members Name	with v	whom t	the AP is Reg	istered									
Registered Office Address	S												
		City/	Town/Village					PIN Code					
		State)			Country							
Ph.	Fax			Email			Website						
Details of disputes/dues p	endin	g from	n/to such Men	nber/AP:									
L. INTRODUCER DET	AILS	(Optio	nal)										
Name of the Introducer													
Status of the Introducer		Existir	ng Client	□Auth	orized Person 🗌 Others,	please specify							
Address of Introducer													
	City/	Town/	Village					PIN Code		\top			
	Stat					Country							
Phone No.			I			Signature of	:						
Client Code/Client ID (if E	xistin	g Clien	nt)			the Introduc	er						
M. ADDITIONAL DET	AILS												
1. Whether you wish to i	eceiv	e comr	munication fro	om Membo	er in electronic form on yo	ur Email Id. [□ Yes □	□ No					
(if yes then please fill					,								
2. Whether you wish to a	avail o	of the f	facility of Inte	rnet Trad	ling/Wireless Technology		□ Yes □	□ No					
3. Mode of receiving Sta	ındaro	d Accor	unt Opening D	ocuments	S	Electron	c Mode	Phy	sical M	ode			
4. Mobile Number Dec	larat	ion	I hereby decl	are that t	he Mobile number mention	ned on KYC bel	ongs to :						
(*Family to strictly include			Self	Family	* (please specify the relati	on below) :							
dependent children and de parents only, Kindly tick o	•	- 1		Spouse	Dependent Children	Depende	ent Parent	S					
option.)	III I EIEV	raiit	Fa	mily PAN									
5. E-mail ID Declaration	n		I hereby	declare tl	hat I do not have any E-ma	nil ID.							
(*Family to strictly include	e spou	se,	OR										
dependent children and de	•	- 1	I hereby	declare tl	hat the E-mail ID mentione	d on KYC belor	igs to:						
parents only, Kindly tick o	n relev	ant	Self _		* (please specify the relat		. =						
option.)				Spouse		Depende	ent Parent	S					
			Fa	mily PAN]						

N. NOMINATIO	N DETAILS (Fo	r Ind	ividu	al On	ly)																
NOMINATION REG	ISTRATION NO).											Dat	ted							
I /We the sole holder / Joint ho																					
					-	_			mv ac	count	nartio	ulars v	vhere o	f are given	helow	in the	event	of my o	leath		
NOMINEE NAME	nowing persons who is/	are enti	itica to i		inee	·	.cs/ runus	7 17 1118 111	illy ac			ee 2		r are given	DCIOW,	III tile		mine			
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*Country																	<u> </u>				
Telephone No.																					
Fax No.																					
PAN No.																					
UID No.																					
Email ID																					
*Relationship with the E																					
Date of Birth (Mandator if Nominee is a minor)	,			M				D	D /	/ M	M	/	Υ	ΥΥ	D	D /	/ M	M	/ Y	Υ	Υ
Name of the Guar	dian of Nomin	nee (i	f nor	ninee	is a	mino	r)	1													
*First Name																					
Middle Name																					
*Last Name																					
*Address of the Guardia	n of nominee																				
*City																					
*State																					
*Country				1	1	T	T		1	_						1					
*PIN																					
Age																					
Telephone Fax No.																					
Email ID																					
*Relation of the Guardia	nn .																				
with the nominee																					
*Percentage of allocation																					
*Residual Securities/fun [please tick any one non]		
marked the default will																					
Note: Residual securities/ after distribution of secur entitled for residual shares	commodities: incase rities/commodities/f	funds a	ltiple n s per p	ominee ercenta	s, pleas ge of a	e choos Ilocatio	e any o n. If yo	ne nom u fail t	inee w	ho wi	ill be o	credito h non	ed with ninee,	residual then the	secur first n	ities/o omin	comm ee wil	oditie: I be m	s/funds arked	s rem as no	aining minee
* Marked is Mand This nomination shall supe	atory field	,	mada	hy ma a	ndalca	any too	tamant	arv das	umar	t over	الممئير	w me									
Note: One witnesses sh							tailielli	ai y uoc	umen	ı exeC	uteu l	y iiie.									
Name of witness		-(-//			(3)																
Address of																					
witness																	Signa	ature	of witr	iess	

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.

Place

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.

Ø

Date :	Signature of Client / (all) Authorised Signatory/ies*
* Form need to be signed by all the at	uthorised 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	
client aware of 'Rights and Obligation's KYC documents. I/We undertake tha	the client aware of tariff sheet and all the voluntary/non-mandatory documents. I/We have also made the ons' document (s), RDD, 'Do's and Dont's' and Guidance Note. I/We have given/sent him a copy of all the tany change in the tariff sheet and all the voluntary/non-mandatory documents would be duly intimated to tany change in the 'Rights and Obligations' and RDD would be made available on my/our website for the
Date :	
	Signature of the Authorised Signatory Seal/Stamp of the Member
*AP: Authorised Person	