

## Client Registration Form – Individual Client

To  
(Name of Member)  
Membership Registration Number  
Address of Member

Please affix your  
recent passport size  
photograph

Sign across the  
photograph

Dear Sir

We request you to register me as your client and in this regard the following information is furnished:

|  |   |
|--|---|
| Full Name  |   |
|  | <i>(First Name) (Middle Name) (Last Name)</i> |
| <b>Office Details</b>                            |   |
| Correspondence Address                           |   |
| City   |   |
| State  |   |
| Pin Code   |   |
| Telephone No.                                    |   |
| Fax No.  |   |
| Email Address                                    |   |
| <b>Residence Details (refer point iii below)</b> |   |
| Address  |   |
| City   |   |
| State  |   |
| Pin Code   |   |
| Telephone No.                                    |   |

|  |  |
|--|--|
| Fax No.  |  |
| Email Address  |  |
| Date of Birth  |  |
| Sex  |  |
| Occupation   |  |
| Nationality  |  |
| Residential Status   | Resident Indian/Non-resident Indian/Others |
| <b>Bank Account Details (refer point iv below)</b>   |  |
| Name of the Bank   |  |
| Branch with Address & Telephone Number   |  |
| Account Type   |  |
| Account Number   |  |
|  |  |
| Annual Income during the last one year   |  |
|  |  |
| <b>Investment/Trading Experience</b>   |  |
| No Prior Experience  |  |
| ___years in commodities  |  |
| ___years in other investment related fields  |  |
|  |  |
| PAN  |  |
| Whether declaration by the client as per the format prescribed (in case the applicant is not having PAN)? Yes / No |  |
| <b>Sales Tax Registration Details (Details of all states wherever registered)</b>                                  |  |
| <u>Local Sales Tax</u>   |  |
| State Registration No.   |  |
| Validity Date  |  |
|  |  |
| <u>Central Sales Tax</u>   |  |
| Registration No.   |  |
| Validity Date  |  |
|  |  |
| <b>Depository Account Details</b>  |  |
| Depository ID  |  |
| DP ID  |  |
| Client ID  |  |

|  |  |
|--|--|
|  |  |
| Details of any action taken by SEBI/FMC/Stock Exchange/Commodity Exchange/other authority: |  |
| Whether registered with other member/Commodity Exchange Yes/No                             |  |
| If Yes, Broker Name  |  |
| Broker Code  |  |
|  |  |
| If Yes, Commodity Exchange Name  |  |
|  |  |
| <b>Introduction Details</b>  |  |
| Name of Introducer   |  |
| Address of Introducer  |  |
| Relation of introducer with member   | Client/director/employee of trading member/any other person (please specify) |
|  |  |
| Signature  |  |

The information furnished above is true to the best of my knowledge and belief, and I undertake to inform you of any change therein immediately in writing. I am agreeable to enter into an agreement to abide by your terms and conditions.

Place: \_\_\_\_\_ Signature of the client: \_\_\_\_\_

Date: \_\_\_\_\_ Name of the client \_\_\_\_\_

Notes:

1. Each client has to use one registration form. In case of joint names/family members please submit separate form for each person.
2. The documents submitted by the client should be self certified. Copies of documents submitted, to be verified with the original documents at the time of submission of application.
3. The information given above would be confidential. However, if the information is required by the exchange, any regulatory authority or any government agency, it may be provided to them.

-----  
**For Office Purpose**

Unique Client Code: \_\_\_\_\_

Verified By: \_\_\_\_\_ Authorised By: \_\_\_\_\_  
(Name) (Name)

**Note:****Documents to be submitted along with Client Registration Form:**

i. Self certified copy of PAN card of the client / Client not holding PAN, declaration in lieu of PAN card as required by FMC in the prescribed form

**ii. Identity Proof:**

If copy of valid PAN is not provided, then self certified copy of any one of the following to be submitted-

- Valid Passport
- Voter's ID Card
- Valid Driving License

**iii. Proof of address**

Self certified copy of any one of the following is to be submitted:

- Valid Passport
- Voter's ID Card
- Valid Driving License
- Bank Statement / Pass Book with entries not older than three months (having address of the client)
- Depository account Statement with entries not older than three months (having address of the client)
- Ration Card
- Landline telephone Bill not older than three months
- Electricity Bill not older than three months
- Registered Lease and License Agreement
- Registered Agreement for Sale/Sale Deed

**iv. Proof of Bank Account**

Copy of Bank Statement / Pass Book (with entries not older than three months)

**Client Registration Form – Non-Individual Client**

To  
 (Name of Member)  
 Membership Registration Number  
 Address of Member

Dear Sir

We request you to register us as your client and in this regard the following information is furnished:

|   |                            |
|---|----------------------------|
| Name of the Constituent                                       |                            |
| Constituent Profile   | (Producer/Trader/Consumer) |
| <b>Office Details</b>   |                            |
| Correspondence Address  |                            |
| City  |                            |
| State   |                            |
| Pin Code  |                            |
| Telephone No.   |                            |
| Fax No.   |                            |
| Email Address   |                            |
| <b>Registered Office Details (refer Annexure II, point 3)</b> |                            |
| Address   |                            |
| City  |                            |
| State   |                            |
| Pin Code  |                            |
| Telephone No.   |                            |
| Fax No.   |                            |
| Email Address   |                            |

|   |                   |
|---|-------------------|
| Date of Incorporation   |                   |
| Date of Commencement of Business  |                   |
| Details of Partners of the firm/Designated Partners /Directors of Company/ Promoters of the Company/ Karta of HUF/ Trustees/Person authorized to deal in commodities on behalf of the company/firm/others | <b>Annexure I</b> |
| Copy of latest annual report  |                   |
| <b>Bank Account Details (refer Note below)</b>  |                   |
| Name of the Bank  |                   |
| Branch with Address & Telephone Number  |                   |
| Account Type  |                   |
| Account Number  |                   |
|   |                   |
| Annual Income during the last one year  |                   |
|   |                   |
| <b>Investment/Trading Experience</b>  |                   |
| No Prior Experience   |                   |
| ___ years in commodities  |                   |
| ___ years in other investment related fields  |                   |
|   |                   |
| PAN   |                   |
| Whether declaration by the client as per the format prescribed (in case the applicant is not having PAN)?<br>Yes / No   |                   |
| <b>Sales Tax Registration Details (Details of all states wherever registered)</b>   |                   |
| <b>Local Sales Tax</b>  |                   |
| State Registration No.  |                   |
| Validity Date   |                   |
|   |                   |
| <b>Central Sales Tax</b>  |                   |
| Registration No.  |                   |
| Validity Date   |                   |
|   |                   |
| <b>Depository Account Details</b>   |                   |
| Depository ID   |                   |
| DP ID   |                   |

|  |  |
|--|--|
| Client ID  |  |
| Details of any action taken by SEBI/FMC/Stock Exchange/Commodity Exchange/other authority: |  |
| Whether registered with other member/Exchange  | Yes/No   |
| If Yes, Broker Name  |  |
| Broker Code  |  |
| If Yes, Exchange Name  |  |
| <b>Introduction Details</b>  |  |
| Name of Introducer   |  |
| Address of Introducer  |  |
| Relation of introducer with member   | Client/director/employee of trading member/any other person (please specify) |
| Signature  |  |

The information furnished above is true to the best of my knowledge and belief, and I undertake to inform you of any change therein immediately in writing. I am agreeable to enter into an agreement to abide by your terms and conditions.

Place: Signatures of the Authorised signatory/ies with seal:

Date: Name of the client & Authorised signatory/ies:

Notes:

1. The documents submitted by the client should be self certified. Copies of documents submitted, to be verified with the original documents at the time of submission of application.
2. The information give above would be confidential. However, if the information is required by the exchange, any regulatory authority or any government agency, it may be provided to them.

-----  
**For Office Purpose**

Unique Client Code: \_\_\_\_\_

Verified By: \_\_\_\_\_ Authorised By: \_\_\_\_\_  
(Name) (Name)

**Annexure I:****Details of Partners of the firm/Designated Partners /Directors of Company/ Promoters of the Company/ Karta of HUF/ Trustees/Person authorized to deal in commodities on behalf of the company/firm/others**

|  |
|--|
| Please affix<br>and sign<br>across the<br>photograph |
|--|

|  |  |
|--|--|
| Full Name  |  |
| Designation                                      |  |
| <b>Residential Details</b>                       |  |
| Address  |  |
| City   |  |
| State  |  |
| Pin Code   |  |
| Telephone No.                                    |  |
| Fax No.  |  |
| Email Address                                    |  |
| PAN  |  |
| Nationality                                      |  |
| Residential Status                               | Resident Indian/Non Resident Indian/Others |
| Designated Partners Identification Number (DPIN) |  |
| Directors Identification Number (DIN)            |  |

Place:

Signature:

Date:

Name:

*\* Please use separate copy of this form for each person*

**Annexure II: List of documents to be obtained along with Client Registration Form**

1. Self certified copy of PAN card of the client / Client not holding PAN, declaration in lieu of PAN card as required by FMC in the prescribed form – Refer Note below
2. Address Proof – Refer Note below
3. Bank Account Proof - Copy of Bank Statement / Pass Book (with entries not older than three months).
4. Copy of Latest Annual Report
5. Copy of Certificate of Incorporation (For Companies and Limited Liability Partnership)
6. Copy of Memorandum of Association and Articles of Association (For Companies)
7. Copy of partnership deed / trust deed (For Partnership firms / Trusts)
8. Copy of certificate of registration (For Partnership Firms, Co-operative Societies and Trusts)
9. Board resolution / Resolution of the managing body of the foundation/association/firm to open and operate account and Board Resolution / Resolution of the managing body of the foundation/association/firm authorising the official to execute all the deeds/ operations with the Exchange on behalf of the entity

**Notes:**

1. In case of HUF / Trust if copy of valid PAN is not provided, then copy of **any one** of the below mentioned documents should be provided as **proof of identity of Karta** / **proof of identity of the trustees**

- Valid Passport
- Voter's ID Card
- Valid Driving License

*(In addition to these documents in such cases ration card may also be accepted as Address Proof for Karta of HUF)*

2. The following documents shall be accepted as address proof (**any one of the below**):

- Bank Statement / Pass Book (with entries not older than three months (having address of the client)
- Depository account Statement [with entries not older than three months [(having address of the client)]
- Landline telephone Bill (not older than three months)
- Electricity Bill (not older than three months)
- Registered Leave and License agreement
- Registered agreement for Sale / Sale Deed

**Annexure -III**

**DECLARATION**

**Form of declaration to be filled by a person who does not have a permanent account number and who wants to transact in commodity exchanges.**

1. Full name and address of the declarant

.....  
.....  
.....

2. Occupation .....

3. Reasons for not having Permanent Account Number.....

4. Details of documents being produced in support of address in Column 1

.....

**DECLARATION**

I,....., do hereby declare that what is stated above is true to the best of my knowledge and belief.

Date .....

Place .....

\_\_\_\_\_  
**Signature of Declarant**

Name:-

**We have employed necessary checks and confirm that the above information is true and correct.**

Date .....

Place .....

\_\_\_\_\_  
**Signature of Authorized Signatory of Member**

Name:-

Designation:-