

**SET OF ACCOUNT OPENING DOCUMENT**

Name of member: \_\_\_\_\_

FMC Unique Membership Code (UMC) No. for Exchange 1(mention name):  
\_\_\_\_\_

FMC Unique Membership Code (UMC) No. for Exchange 2(mention name):  
\_\_\_\_\_

Registered office address: \_\_\_\_\_  
\_\_\_\_\_

Ph: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Correspondence office address: \_\_\_\_\_

Ph: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Compliance officer name, phone no. & email id: \_\_\_\_\_

CEO name, phone no. & email id: \_\_\_\_\_

<b>S. No.</b>	<b>Name of the Document</b>	<b>Brief Significance of the Document</b>	<b>Page No</b>
<b>MANDATORY DOCUMENTS AS PRESCRIBED BY FMC &amp; EXCHANGES</b>			
1	KYC (Account Opening) application form	KYC form - Document captures the basic information about the constituent and an instruction/check list.	
2	Uniform Risk Disclosure Document (RDD)	Document detailing risks associated with dealing in the commodities market.	
3	Rights and Obligations of Members, Authorized Persons and Clients	Document stating the Rights & Obligations of member, Authorized Person and client for trading on exchanges (including additional rights & obligations in case of internet/wireless technology based trading).	
4	Do's and Don'ts for the Investors	Document detailing do's and don'ts for trading on exchange, for the education of the investors.	
5	Tariff sheet	Document detailing the rate/amount of brokerage and other charges levied on the client for trading on the Commodity Exchange(s) <i>(to be added by the member)</i> .	

VOLUNTARY DOCUMENTS AS PROVIDED BY THE MEMBER *			
6			
7			

- *For any grievance/dispute please contact member (name) at the above address or email id- xxx@email.com and Phone no. 91-XXXXXXXXXX. In case not satisfied with the response, please contact the concerned exchange(s) at xyz@email.com and Phone no. 91-XXXXXXXXXX.*

*\*Following documents should not form part of either mandatory or Voluntary documents:*

- 1) Authorization letter for any inter family / group company / related accounts adjustment*
- 2) Authorization of adjustment of funds among securities exchange and commodities exchange*

Annexure – 1

KNOW YOUR CLIENT (KYC) APPLICATION FORM

*For Individuals*

PHOTOGRAPH  
Please affix your recent  
passport size photograph  
and sign across it

Please fill this form in ENGLISH and in BLOCK LETTERS.

**A. IDENTITY DETAILS**

1. **Name of the Applicant:** \_\_\_\_\_
2. **Father's/ Spouse Name:** \_\_\_\_\_
3. **a. Gender:** Male/ Female **b. Marital status:** Single/ Married **c. Date of birth:** \_\_\_\_\_(dd/mm/yyyy)
4. **a. Nationality:** \_\_\_\_\_ **b. Status:** Resident Individual / Non Resident / Foreign National. (If Non Resident / Foreign National, self-certified copy of statutory approval obtained must be attached)
5. **a. PAN:** \_\_\_\_\_ **b. Unique Identification Number (UID)/ Aadhaar, if available:** \_\_\_\_\_  
**c. Any other additional proof of identity:** \_\_\_\_\_

**B. ADDRESS DETAILS**

(Proof of address must be different from the proof of identity submitted).

1. **Address for correspondence:** \_\_\_\_\_  
\_\_\_\_\_ City/ district /village: \_\_\_\_\_ Pin Code: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_
2. **Contact Details:** Tel. (Off.)<sup>#</sup> \_\_\_\_\_ Tel. (Res.)<sup>#</sup> \_\_\_\_\_ Mobile No.: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email id: \_\_\_\_\_.
3. **Specify the proof of address submitted for correspondence address:** \_\_\_\_\_
4. **Permanent Address** (if different from above): \_\_\_\_\_ City/district/village:  
\_\_\_\_\_ Pin Code: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_  
Tel. (Res.)<sup>#</sup> \_\_\_\_\_ Mobile No.: \_\_\_\_\_ Fax: \_\_\_\_\_ Email id: \_\_\_\_\_
5. **Specify the proof of address submitted for permanent address, if any:** \_\_\_\_\_

**C. OTHER DETAILS**

1. **Gross Annual Income Details (please specify):** Income Range per annum: Below Rs 1 Lac / 1-5 Lac /5-10 Lac / 10-25 Lac / >25 Lacs or

**Net-worth as on** (date) \_\_\_\_\_ ( \_\_\_\_\_ ) (Net worth should not be older than 1 year)

2. **Occupation (please tick any one and give brief details):** Private Sector/ Public Sector/ Government Service/Business/ Professional/ Farmer/ Others (Specify)

3. **Please tick, as applicable:** Politically Exposed Person (PEP)/ Related to a Politically Exposed Person (PEP)

Not a Politically Exposed Person (PEP)/ Not Related to a Politically Exposed Person (PEP)

<sup>#</sup> If you have a landline connection, kindly provide the same

#### D.BANK ACCOUNT(S) DETAILS

Bank Name	Branch address	Bank account no.	Account Type: Saving/Current/ Others	MICR Number	IFSC code

Note: Provide a copy of cancelled cheque leaf/ pass book/bank statement specifying name of the client, MICR Code or/and IFSC Code of the bank.

#### E. DEPOSITORY ACCOUNT(S) DETAILS, if available

Depository Participant Name	Depository Name (NSDL/CDSL)	Beneficiary name	DP ID	Beneficiary ID (BO ID)

Note: Provide a copy of either Demat Master or a recent holding statement issued by DP bearing name of the client.

#### F. 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.*

Sr. No.	Name of the National Commodity Exchanges #	Date of Consent for trading on concerned Exchange	Signature of the Client
1			
2			
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*# At the time of printing the form, the Member must specify the names of the Exchanges where the Member has membership.*

[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 and to be kept as enclosure with this document]

### G. INVESTMENT/TRADING EXPERIENCE

- No Prior Experience
- \_\_\_\_\_ Years in Commodities
- \_\_\_\_\_ Years in other investment related fields

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

- Local Sales Tax State Registration No. : \_\_\_\_\_
- Validity Date : \_\_\_\_\_
- Name of the State : \_\_\_\_\_
- Central Sales Tax Registration No : \_\_\_\_\_
- Validity Date : \_\_\_\_\_
- Other Sales Tax State Registration No. : \_\_\_\_\_
- Validity Date : \_\_\_\_\_
- Name of the State : \_\_\_\_\_

### I. VAT DETAILS (As applicable, State wise)

- Local VAT Registration No. : \_\_\_\_\_
- Validity Date : \_\_\_\_\_
- Name of the State : \_\_\_\_\_
- Other VAT Registration No. : \_\_\_\_\_
- Name of the State : \_\_\_\_\_
- Validity Date : \_\_\_\_\_

### J. PAST REGULATORY ACTIONS

Details of any action/proceedings initiated/pending/ taken by FMC/ SEBI / Stock exchange / Commodity exchange/any other authority against the client during the last 3 years:

\_\_\_\_\_

### K. DEALINGS THROUGH OTHER MEMBERS

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

Member's / Authorized Person (AP)'s Name: \_\_\_\_\_

Exchange: \_\_\_\_\_

Exchange's Registration number: \_\_\_\_\_

Concerned Member's Name with whom the AP is registered: \_\_\_\_\_

Registered office address: \_\_\_\_\_

Ph: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_ Website: \_\_\_\_\_

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

Details of disputes/dues pending from/to such Member/AP: \_\_\_\_\_

### L. INTRODUCER DETAILS (optional)

Name of the Introducer: \_\_\_\_\_

(Surname) (Name) (Middle Name)

Status of the Introducer: Authorized Person/Existing Client/Others, please specify \_\_\_\_\_ Address and phone no. of the Introducer: \_\_\_\_\_

Signature of the Introducer \_\_\_\_\_

### M. ADDITIONAL DETAILS

Whether you wish to receive communication from Member in electronic form on your Email-id [Yes / No] :  
{If yes then please fill in Appendix-A}

**N. NOMINATION DETAILS**

**I/We wish to nominate I/ We do not wish to nominate**

Name of the Nominee: \_\_\_\_\_ Relationship with the Nominee: \_\_\_\_\_

PAN of Nominee: \_\_\_\_\_ Date of Birth of Nominee: \_\_\_\_\_

Address and phone no. of the Nominee: \_\_\_\_\_

**If Nominee is a minor, details of guardian:**

Name of guardian: \_\_\_\_\_ Address and phone no. of Guardian: \_\_\_\_\_

Signature of guardian \_\_\_\_\_

**WITNESSES** (Only applicable in case the account holder has made nomination)

Name \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

**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 confirm having read/been explained and understood the contents of the tariff sheet and all voluntary/non-mandatory documents.
3. 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 designated website, if any.

Place \_\_\_\_\_

( \_\_\_\_\_ )

Date \_\_\_\_\_

**Signature of Client**

**FOR OFFICE USE ONLY**

UCC Code allotted to the Client: \_\_\_\_\_

	Documents verified with Originals
Name of the Employee	
Employee Code	
Designation of the employee	
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, if any, for the information of the clients.*

\_\_\_\_\_  
**Signature of the Authorised Signatory**

**Date** \_\_\_\_\_

**Seal/Stamp of the Member**

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## KNOW YOUR CLIENT (KYC) APPLICATION FORM

### *For Non-Individuals*

Please fill this form in ENGLISH and in BLOCK LETTERS.

PHOTOGRAPH

Please affix Authorized Signatories recent passport size photographs and sign across it

#### A. IDENTITY DETAILS

1. **Name of the Applicant:** \_\_\_\_\_

2. **Date of incorporation:** \_\_\_\_\_ (dd/mm/yyyy) & **Place of incorporation:** \_\_\_\_\_

3. **Date of commencement of business:** \_\_\_\_\_ (dd/mm/yyyy)

4. **a. PAN:** \_\_\_\_\_ **b. Registration No. (e.g. CIN):** \_\_\_\_\_

c. Any other additional proof of identity: \_\_\_\_\_

5. **Status (please tick any one):**

Private Limited Co./Public Ltd. Co./Body Corporate/Partnership/Trust/HUF/LLP/ Others (please specify) \_\_\_\_\_

(In case of foreign entity or entity with foreign shareholders, self certified copy of statutory approval obtained must be attached)

#### B. ADDRESS DETAILS

(Proof of address must be different from the proof of identity submitted).

1. **Address for correspondence:** \_\_\_\_\_

\_\_\_\_\_ City/ district /village: \_\_\_\_\_ Pin Code: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

2. **Contact Details:** Tel. (Off.) # \_\_\_\_\_ Tel. (Res.) # \_\_\_\_\_ Mobile No.: \_\_\_\_\_ Fax: \_\_\_\_\_

Email id: \_\_\_\_\_.

3. **Specify the proof of address submitted for correspondence address:** \_\_\_\_\_

4. **Registered Address** (if different from above): \_\_\_\_\_ City/district/village:

\_\_\_\_\_ Pin Code: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Tel. (Res.) # \_\_\_\_\_ Mobile No.: \_\_\_\_\_ Fax: \_\_\_\_\_ Email id: \_\_\_\_\_

5. **Specify the proof of address submitted for registered address, if applicable:**

#### C. OTHER DETAILS

1. **Gross Annual Income Details (please specify):** Income Range per annum: Below Rs 1 Lac / 1-5 Lac / 5-10 Lac / 10-25 Lac / 25 Lacs-1 crore / > 1 crore

2. **Net-worth as on** (date) \_\_\_\_\_ (dd/mm/yyyy): \_\_\_\_\_ (\*Net worth should not be older than 1 year)



**3. Name, PAN, residential address and photographs of Promoters/Partners/Karta/Trustees and whole time directors**

# If you have a landline connection, kindly provide the same

**4. DIN / DPIN / UID of Promoters/Partners/LLP Partners and whole time directors:**

**5. Please tick, as applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/whole time directors:** Politically Exposed Person (PEP)/ Related to a Politically Exposed Person (PEP)

Not a Politically Exposed Person (PEP)/ Not Related to a Politically Exposed Person (PEP)

**D.BANK ACCOUNT(S) DETAILS**

Bank Name	Branch address	Bank account no.	Account Type: Saving/Current/ Others	MICR Number	IFSC code

Note: Provide a copy of cancelled cheque leaf/ pass book/bank statement specifying name of the client, MICR Code or/and IFSC Code of the bank.

**E. DEPOSITORY ACCOUNT(S) DETAILS, if available**

Depository Participant Name	Depository Name (NSDL/CDSL)	Beneficiary name	DP ID	Beneficiary ID (BO ID)

Note: Provide a copy of either Demat Master or a recent holding statement issued by DP bearing name of the client.

**F. 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.*

Sr. No.	Name of the National Commodity Exchanges #	Date of Consent for trading on concerned Exchange	Signature of the Client
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# At the time of printing the form, the Member must specify the names of the Exchanges where the Member has membership.

[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 and to be kept as enclosure with this document]

**G. INVESTMENT/TRADING EXPERIENCE**

- No Prior Experience
- \_\_\_\_\_ Years in Commodities
- \_\_\_\_\_ Years in other investment related fields

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

- Local Sales Tax State Registration No. : \_\_\_\_\_
- Validity Date : \_\_\_\_\_
- Name of the State : \_\_\_\_\_
- Central Sales Tax Registration No : \_\_\_\_\_
- Validity Date : \_\_\_\_\_
- Other Sales Tax State Registration No. : \_\_\_\_\_
- Validity Date : \_\_\_\_\_
- Name of the State : \_\_\_\_\_

**I. VAT DETAILS (As applicable, State wise)**

- Local VAT Registration No. : \_\_\_\_\_
- Validity Date : \_\_\_\_\_
- Name of the State : \_\_\_\_\_
- Other VAT Registration No. : \_\_\_\_\_
- Name of the State : \_\_\_\_\_
- Validity Date : \_\_\_\_\_

**J. PAST REGULATORY ACTIONS**

Details of any action/proceedings initiated/pending/ taken by FMC/ SEBI / Stock exchange / Commodity exchange/any other authority against the client or its Partners/promoters/whole time directors/authorized persons in charge during the last 3 years:

\_\_\_\_\_

**K. DEALINGS THROUGH OTHER MEMBERS**

- If client is dealing through any other Member, provide the following details (incase dealing with multiple Members/APs, provide details of all in a separate sheet containing all the information as mentioned below) :

Member's / AP's Name: \_\_\_\_\_

Exchange: \_\_\_\_\_

Exchange's Registration number: \_\_\_\_\_

Concerned Member's Name with whom the AP is registered: \_\_\_\_\_

Registered office address: \_\_\_\_\_ Ph: \_\_\_\_\_  
Fax: \_\_\_\_\_ Email: \_\_\_\_\_ Website: \_\_\_\_\_  
Client Code: \_\_\_\_\_  
Details of disputes/dues pending from/to such Member/AP: \_\_\_\_\_

**L. INTRODUCER DETAILS (optional)**

Name of the Introducer: \_\_\_\_\_  
(Surname) (Name) (Middle Name)  
Status of the Introducer: Authorized Person/Existing Client/Others,  
please specify \_\_\_\_\_ Address and phone no. of the Introducer: \_\_\_\_\_  
Signature of the Introducer: \_\_\_\_\_

**M. ADDITIONAL DETAILS**

Whether you wish to receive communication from Member in electronic form on your Email-id [Yes / No] :  
{If yes then fill in Appendix-A}

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**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 changes 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 confirm having read/been explained and understood the contents of the tariff sheet and all voluntary/non-mandatory documents.
3. 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 designated website, if any.

Place \_\_\_\_\_  
Date -- \_\_\_\_\_

( \_\_\_\_\_ )  
**Signature of (all) Authorized Signatory (ies)\***

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\*Form need to be signed by all the authorized signatories.

**FOR OFFICE USE ONLY**

UCC Code allotted to the Client: \_\_\_\_\_

	Documents verified with Originals
Name of the Employee	
Employee Code	
Designation of the employee	
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, if any, for the information of the clients.*

\_\_\_\_\_  
**Signature of the Authorised Signatory**

**Date** \_\_\_\_\_

**Seal/Stamp of the Member**

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## INSTRUCTIONS/CHECK LIST FOR FILLING KYC FORM

### A. IMPORTANT POINTS:

1. Self attested copy of PAN card is mandatory for all clients, including Promoters/Partners/Karta/Trustees and whole time directors and persons authorized to deal in commodity derivatives on behalf of company/firm/others.
2. Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the below mentioned list.
3. If any proof of identity or address is in a regional language, then translation into English is required.
4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
5. If correspondence & permanent address are different, then proofs for both have to be submitted.
6. Sole proprietor must make the application in his individual name & capacity.
7. For non-residents and foreign nationals, (allowed to trade subject to RBI and FIPB/FEMA guidelines and other applicable statutory approvals), copy of passport/PIO Card/OCI Card and overseas address proof is mandatory.
8. For foreign entities, CIN is optional; and in the absence of DIN no. for the directors, their passport copy should be given.
9. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted along with other statutory approvals required for investment in commodities.
10. Politically Exposed Persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.

### B. Proof of Identity (POI): - *List of documents admissible as Proof of Identity:*

1. Unique Identification Number (UID) (Aadhaar)/ Passport/ Voter ID card/ Driving license.
2. PAN card with photograph.
3. Identity card issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members; and Credit cards/Debit cards issued by Banks.

### C. Proof of Address (POA): - *List of documents admissible as Proof of Address:*

*(Note: Documents having an expiry date should be valid on the date of submission.)*

1. Passport/ Voters Identity Card/ Ration Card/ Registered Lease or Sale Agreement of Residence/ Driving License/ Flat Maintenance bill/ Insurance Copy.
2. Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill - Not more than 3 months old.
3. Bank Account Statement/Passbook -- Not more than 3 months old.
4. Proof of address issued by any of the following: Bank Managers of Scheduled Commercial Banks/Scheduled Co-Operative Bank/Multinational Foreign Banks/Gazetted Officer/Notary public/Elected representatives to the Legislative Assembly/Parliament/Documents issued by any Govt. or Statutory Authority.
5. Identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges

affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members.

6 The proof of address in the name of the spouse may be accepted.

#### D. Exemptions to PAN

*(Note: Sufficient documentary evidence in support of such claims to be collected.)*

1. Transactions undertaken on behalf of Central Government and/or State Government and by officials appointed by Courts e.g. Official liquidator, Court receiver etc.
2. Investors residing in the State of Sikkim (subject to the continued exemption granted by Government).

#### E. List of people authorized to attest the documents:

1. Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/ Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
2. In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy /Consulate General in the country where the client resides are permitted to attest the documents.

#### F. In case of Non-Individuals, additional documents to be obtained from non-individuals, over & above the POI & POA, as mentioned below:

Types of entity	Documentary requirements
<b>Corporate</b>	<ul style="list-style-type: none"> <li>• Copy of the balance sheets for the last 2 financial years (to be submitted every year).</li> <li>• Copy of latest share holding pattern including list of all those holding control, either directly or indirectly, in the company in terms of SEBI takeover Regulations, duly certified by the company secretary/Whole time director/MD (to be submitted every year).</li> <li>• Photograph, POI, POA, PAN and DIN numbers of whole time directors/two directors in charge of day to day operations.</li> <li>• Photograph, POI, POA, PAN of individual promoters holding control - either directly or indirectly.</li> <li>• Copies of the Memorandum and Articles of Association and certificate of incorporation.</li> <li>• Copy of the Board Resolution for investment in commodity market.</li> <li>• Copy of Board Resolution or declaration (on the letterhead) naming the persons authorized to deal in commodity derivatives on behalf of company/firm/others and their specimen signatures.</li> </ul>
<b>Partnership firm</b>	<ul style="list-style-type: none"> <li>• Copy of the balance sheets for the last 2 financial years (to be submitted every year).</li> <li>• Certificate of registration (for registered partnership firms only).</li> <li>• Copy of partnership deed.</li> <li>• Authorised signatories list with specimen signatures.</li> <li>• Photograph, POI, POA, PAN of Partners.</li> </ul>
<b>Trust</b>	<ul style="list-style-type: none"> <li>• Copy of the balance sheets for the last 2 financial years (to be submitted every year).</li> <li>• Certificate of registration (for registered trust only).</li> <li>• Copy of Trust deed.</li> <li>• List of trustees certified by managing trustees/CA.</li> </ul> <p>Photograph, POI, POA, PAN of Trustees.</p>
<b>HUF</b>	<ul style="list-style-type: none"> <li>• PAN of HUF.</li> <li>• Deed of declaration of HUF &amp; List of coparceners.</li> <li>• Bank pass-book/bank statement in the name of HUF.</li> <li>• Photograph, POI, POA, PAN of Karta.</li> </ul>

<b>Government Bodies</b>	<ul style="list-style-type: none"><li>• Self-certification on letterhead.</li><li>• Authorized signatories list with specimen signatures.</li></ul>
<b>Registered Society</b>	<ul style="list-style-type: none"><li>• Copy of Registration Certificate under Societies Registration Act.</li><li>• List of Managing Committee members.</li><li>• Committee resolution for persons authorised to act as authorised signatories with specimen signatures.</li><li>• True copy of Society Rules and Bye Laws certified by the Chairman/Secretary</li></ul>