**KNOW YOUR CLIENT (KYC) APPLICATION FORM**

**Photograph**

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

**(For Individuals)**

**Annexure – 1**

Please fill this form in **ENGLISH** and in **BLOCK** LETTERS.

1. **IDENTITY DETAILS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Repository / Comtrack Participant Name** | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Address** | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Name of the Applicant** | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Father’s/ Spouse Name** | | | | |  | |  | |  |  |  | |  | |  |  |  |  | |  |  |  | |  | |  |  |  | |  | |  |  |  |  |  | |  | |  |  |
| **Gender** | | | |  | | **Marital Status** | | | | | | | | | | | | |  | | | | **Status** | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  | |  | |  | | | |  | |  | | | | |  | | | |  | |  | | | |  | |  | | | | | |  | |  | | |
|  | **Male** |  | **Female** |  | |  | | **Single** | | | |  | | **Married** | | | | |  | | | |  | | **Resident** | | | |  | | **Non Resident** | | | | | |  | | **Foreign** | | |

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| **Date of birth** |  |  |  |  |  |  |  |  | **Nationality** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**(If Non Resident / Foreign National, self-certified copy of statutory approval obtained must be attached)**

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| **PAN** |  |  |  |  |  |  |  |  |  |  | **Identification Number (UID)/ Aadhaar** |  |  |  |  |  |  |  |  |  |  |  |

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| **Any other additional proof of identity** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

1. **ADDRESS DETAILS (Proof of address must be different from the proof of identity submitted).**

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| **Address** | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **City** | | | | | | |  |  |  |  |  |  |  |  |  |  |  | **State** | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Pin** | | | | | | |  |  |  |  |  |  |  |  |  |  |  | **Country** | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Telephone ( Off )** | | | | | | |  |  |  |  |  |  |  |  |  |  |  | **Telephone ( Res)** | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Mobile Number** | | | | | | |  |  |  |  |  |  |  |  |  |  |  | **Fax** | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Email ID** | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Specify the proof of address for Correspondence Address** | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Permanent Address (if different)** | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |
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| **City** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **State** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Country** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Tel. (Off.)** |  |  |  |  |  |  |  |  |  |  | **Tel. (Res.)** |  |  |  |  |  |  |  |  |  |  |
| **Mobile No.** |  |  |  |  |  |  |  |  |  |  | **Fax** |  |  |  |  |  |  |  |  |  |  |

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| **Email id** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Specify the proof of address (For Permanent Address)** | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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1. **OTHER DETAILS (Gross Annual Income Details (Please Specify) (Income Range per annum)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **> 1 Lac** |  | **1-5 Lac** |  | **5-10 Lac** |  | **10-25 Lac** |  | **< 25 Lac** |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Net-worth as on** |  | **Date** |  |  |  |  |  |  |  |  |

**(Net worth should not be older than 1 year)**

1. **OCCUPATION (Please ticks any one and give brief details)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Private Sector** |  | **Public sector** |  | **Government Service** |  | **Business** |
|  |  |  |  |  |  |  |  |
|  | **Professional** |  | **Farmer** |  | **Others ( Plz Specify)** |  | |

**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)** |  |  |

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| **If you have a landline connection, kindly provide the same** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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

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

1. **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.**

1. **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.** | **Name of the National Commodity Exchange#** | **Date of Consent for trading** | **Signature of the Client** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |

**# 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]*

1. **INVESTMENT/TRADING EXPERIENCE**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Other Investment Related Fields** |  |  | **Commodities** |  |  |  | **No Prior Experience** |  |  |

|  |  |  |  |  |  |
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|  |  | **Years** |  |  | **Years** |

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Local Sales Tax Regn No.** |  |  |  |  |  |  |  |  |  |  |  |  | **Validity Date** |  |  |  |  |  |  |  |  |

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| **Name of the State** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Central Sales Tax Regn No.** |  |  |  |  |  |  |  |  |  |  |  |  | **Validity Date** |  |  |  |  |  |  |  |  |

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| **Other S T State Regn No.** |  |  |  |  |  |  |  |  |  |  |  |  | **Validity Date** |  |  |  |  |  |  |  |  |

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| **Name of the State** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Local VAT Regn No.** |  |  |  |  |  |  |  |  |  |  |  |  | **Validity Date** |  |  |  |  |  |  |  |  |

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| **Name of the State** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Other VAT Regn No.** |  |  |  |  |  |  |  |  |  |  |  |  | **Validity Date** |  |  |  |  |  |  |  |  |

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| **Name of the State** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

1. **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** |  |

1. **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)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Member/Authorized Person (AP) Name** | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Exchange** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Exchange’s Registration Number** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Concerned Member Name with whom the AP is Regd.** | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Regd. office address** | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **City** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **State** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Country** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Phone No.** |  |  |  |  |  |  |  |  |  |  | **Fax** |  |  |  |  |  |  |  |  |  |  |  |

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| **Email** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Website** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Client Code** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Details of disputes/dues pending to such Member/AP** | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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1. **INTRODUCER DETAILS (optional)**

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| **Name of the Introducer** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Authorized Person** |  |  | **Existing Client** |  |  |  | **No Prior Experience** |  |  |
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| **Others ( Plz Specify)** |  |  | | | | | | | |
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| **Address** | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **City** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **State** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Country** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Phone no.** |  |  |  |  |  |  |  |  |  |  |

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| **Signature of the Introducer** |  |

1. **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}**

1. **NOMINATION DETAILS**

**I/We wish to nominate I/ we do not wish to nominate Yes No**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Name of the Nominee** | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Relationship with the Nominee** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **PAN of Nominee** |  |  |  |  |  |  |  |  |  |  | **D.O.B** |  |  |  |  |  |  |  |  |

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| **Address** | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **City** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **State** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Country** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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

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| **Name of Guardian** | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Address** | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **City** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **State** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Country** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Phone no** |  |  |  |  |  |  |  |  |  |  |

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| **Signature of Guardian** |  |

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

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| **Name** | **Witness 1** | | | | | | | | | | | | | | | **Witness 2** | | | | | | | | | | | | | | | |
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| **Address** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Signature** |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |

**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 Don’ts’. 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.

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| **Details** | | | | | | | | | | |  |
| **Place** |  |  |  |  |  |  |  |  |  |  |
| **Date** |  |  |  |  |  |  |  |  |  |  | **Signature of Client** |

**PLEASE TEAR HERE**

**FOR OFFICE USE ONLY**

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| **UCC Code allotted to the Client** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Documents verified with Originals**

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| **Name of the Employee** | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Emp. Code** |  |  |  |  |  |  |  |  | **Designation** |  |  |  |  |  |  |  |  |  |  |  |

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*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 Don’ts 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.*

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| **Date** |  |  |  |  |  |  |  |  |

**Signature**

**Repository / Comtrack Participants Seal**