

KNOW YOUR CLIENT (KYC) APPLICATION FORM (For Non Individuals)

Please affix your recent passport size photograph and sign across it

Photograph

Please till this form in ENG	LISH and in BLOCK LETTERS. A.	IDENTITY DETAILS													
Repository / Comtrack Pa	articipant Name														
Address															
		Pin Pin													
Name of the Applicant															
Date of incorporation		Date of commencement of business													
Place of incorporation															
PAN		Registration No. (e.g. CIN)													
Any other additional prod	of of identity														
Status (Please tick any or	ne)														
Trust	Trust LLP HUF Sole Proprietor														
are of the Applicant are of incorporation															
Tag. 101 Correspondence															
 															
City / District															
State															
Country		Pin Code													
Tel. (Off.)		Tel. (Resi.)													
Mobile No.		Fax													
Email id															
Specify the proof of addre	ess														



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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.

F. TRADING PREFERENCES



Sr. No.	Name of the Commodity Exchanges #	Date of Consent for trading on the Exchange	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]

	G.	INVESTMENT/	TRADIN	IG EXF	PERI	ENG	CE							
Other Investment Related Field		Commodities							No Pr	ior E	kperie	ence		
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Name of the State					<u> </u>									
Central Sales Tax Regn. No.							١	/alidi	ty					
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Local VAT Registration No.							\	/alidi	ity					
Name of the State														
Other VAT Registration No.							١	/alidi	ity					
Name of the State														
		J. PAST REG	ULATOR	Y ACT	ION	S								
Details of any action/proceedi exchange / Commodity exchar last 3 years														
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Member's / Authorized Person	(AP)'s Name													



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DECLARATION

- 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.

 I/We confirm having read/been explained and understood the contents of the tariff sheet and all voluntary/non-mandatory documents.





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.

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Repository / Comtrack Participant Seal

^{*}Form need to be signed by all the authorized signatories.