

**Format of Debit Instruction to debit processing fees towards cancellation of
Authorized Persons (AP)**

To be printed on letter head of member for each AP application.

Date:

To,
Membership Department
Multi Commodity Exchange of India Ltd
Exchange Square,
Suren Road, Chakala,
Andheri (East),
Mumbai- 400 093

Dear Sir,

Sub: Debit instruction to debit processing fees towards cancellation of Authorized Person application submitted to the Exchange by us.

Members ID: _____

I / We authorized the Exchange to debit the processing fees along with applicable services tax towards cancellation of the Authorised Person application mentioned below from my/ our settlement account.

Sr. No.	Applicant Name of Authorised Person	Trade Name of Authorised Person	Applicable Processing Fess	Authorised Person code	Total Amount to be debited
1			Rs. 500/-		Rs. 500/- with Applicable Service Tax

For _____ (Name of Member)

_____ (Signature of Authorised Signatory)

Name of the Signatory:-

Rubber Stamp

Note:-

1. Please submit separate debit instruction for each Authorised Person application.

Format of authorization letter from clearing member to debit processing fees towards cancellation of Authorized Persons (AP)

To be printed on letter head of the clearing member for each AP application

Date:

To,
Membership Department
Multi Commodity Exchange of India Ltd
Exchange Square,
Suren Road, Chakala,
Andheri (East),
Mumbai- 400093

Dear Sir,

Sub: Authorisation letter to debit processing fees towards cancellation of Authorized Person application submitted to the Exchange.

This is with reference to the above, we would like to inform you that M/s _____ (name of the Member) having Member ID _____ is affiliated with us. Therefore, we authorize the Exchange to debit our settlement account towards processing fees along with the applicable service tax for the following applicant.

Sr. No.	Applicant Name of Authorised Person	Trade Name of Authorised Person	Applicable Processing fees	Total Amount to be debited
1			Rs. 500/-	Rs. 500/- with applicable service tax

For _____ (Name of Member)

_____ (Signature of Authorised Signatory)

Name of the Signatory:-

Clearing Member ID:-

Rubber Stamp

Note:-

1. Please submit separate debit instruction for each Authorised Person application.