Format of authorising the person(s) to collect the Bank Guarantee (BG) from MCX

(On the letterhead of the Member)

Date:						
_		ent Depart xchange o	ment f India Ltd.,			
Fax No: 0	22-672695	558				
Member	Name & N	1ember ID	:			
Dear Sirs,						
possessio come wit and t	h their ori he person	Guarante ginal phot is require	es submitted by us to o identity proof like D ed to submit a copy of es are as under:	the Excha riving Licen	ise /PAN Card N	id person will
		De	tails of Bank Guarantee			
Sr No	BGNo.	Amount	Name of Issuing Bank	Date of Issue	Date of Expiry	
			n of above Bank Gua arge on the part of the			•
	so giving o		stamp to the above-r	mentioned a	authorized pers	son to take
Thanking	you,					
Yours fait For	hfully,					
(Signatur		 of the Me	emher)			

Encl : As Above