



Photograph

Please affix your recent passport size photograph and sign across it

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

Please fill this form in ENGLISH and in BLOCK LETTERS.

A. IDENTITY DETAILS

Comtrack Participant Name

Address

Name of the Applicant

Date of incorporation Date of commencement of business

Place of incorporation

PAN Registration No. (e.g. CIN)

Any other additional proof of identity

Status (Please tick any one)

- Private Ltd Company Private Body Partnership Public Limited Company Trust LLP HUF

Others ( Plz 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).

Add. for Correspondence

City/ District State Country Pin Code

Tel. (Off.) Mobile No. Tel. (Resi.) Fax

Email id

Specify the proof of address

Registered Address (If different)

City/ District																									
State																									
Country																						Pin Code			

### Contact Details

Tel. (Off.)																		Tel. (Resi.)												
Mobile No.																		Fax												

Email id																									
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Specify the proof of address submitted for correspondence address																							
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### C. OTHER DETAILS - Gross Annual Income Details (Please Specify)

> 1 Lac    
  1-5 Lac    
  5-10 Lac    
  10-25 Lac    
  25 Lac - 1 Cr    
  < 1 Cr

Net-worth as on																	Date									
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(Net worth should not be older than 1 year)  
 Name, PAN, residential address and photographs of Promoters/Partners/ Karta/Trustees and whole time directors

Landline Number																
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**DIN / DPIN / UID of Promoters/Partners/LLP Partners and whole time directors:**  
*(Please tick, as applicable)*

Politically Exposed Person (PEP)	<input type="checkbox"/>	Related to a Politically Exposed Person (PEP)	<input type="checkbox"/>
Not a Politically Exposed Person (PEP)	<input type="checkbox"/>	Not Related to a Politically Exposed Person (PEP)	<input type="checkbox"/>

### D. BANK ACCOUNT(S) DETAILS

Bank Name	Branch address	Bank account no.	Account Type: Saving/Current/Oth.	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

D P 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 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/TRADING EXPERIENCE

Other Investment Related Fields  Commodities  No Prior Experience

Years
 
Years

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

Local Sales Tax Regn. No.  Validity

Name of the State

Central Sales Tax Regn. No.  Validity

Other Sales Tax Regn. No.  Validity

Name of the State

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

Local VAT Registration No.  Validity

Name of the State

Other VAT Registration No.  Validity

Name of the State

### 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**





**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.

<b>Details</b>													
<b>Place</b>													
<b>Date</b>													<b>Signature of Client</b>

**FOR OFFICE USE ONLY**

**UCC Code allotted to the Client**

<b>Name of the Employee</b>	<b>Documents verified with Originals</b>																			

**Employee Code**

**Designation of the employee**

<b>Date</b>	<b>Signature</b>

*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.*

**Date**

**Signature**

**Comtrack Participant Seal**

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