

# Client Registration Form

Sl. No.

Individual / HUF / Firms / Corporate



*Transparency & Trust ..... Guaranteed*

## **INDIAN FINANCE GUARANTY LTD.**

*TCM : Multi Commodity Exchange of India Ltd.*

Client Name : .....

Client Code : .....

Date of Regn. : .....



Transparency & Trust.....Guaranteed

## **INDIAN FINANCE GUARANTY LTD.**

(CIN : U67120DL1992PLC206959)

Member : Multi Commodity Exchange of India Ltd. (MCX)  
SEBI Regn. No.: INZ000101139  
(TM ID : 55895)

### **Registered Office :**

8/28, 2nd Floor, W.E.A., Abdul Aziz Road, Karol Bagh, New Delhi-110005  
Phone : +91-11-40078000, 40078012/13, Fax : +91-11-40078006  
E-mail : indianfinance@ifgl.info  
Website : www.ifgl.info

Investor Grievance : cyberrajneesh@gmail.com

### **Compliance Officer's Details**

Name : Mr. Rajneesh Kumar                      Mobile : 9871044499  
E-mail Id : compliance@ifgl.info

### **COO Details**

Name : Mr. Rajneesh Kumar                      Mobile : 9871044499  
E-mail Id : rajneesh@ifgl.info

For any grievance/dispute please contact **Indian Finance Guaranty Ltd.** at the above address or email id- **cyberrajneesh@gmail.com** and Phone No. +91-11-40078012/13. In case not satisfied with the response, please contact the concerned exchange at (MCX) grievance@mcxindia.com and Phone No. +91-22-67318888.

## ACKNOWLEDGEMENT LETTER

To,

**INDIAN FINANCE GUARANTY LTD.**

Dated \_\_\_\_\_

Regd. Office : 8/28, 2nd Floor, W.E.A.,  
Abdul Aziz Road, Karol Bagh, New Delhi-110005

Dear Sir/ Madam,

I hereby opt to get the document listed below in -

Electronic Form       Physical Form

1. Uniform Risk Disclosure Document for Commodities Market.
2. Rights and Obligations of Members, Authorized Persons and Clients (including additional rights & obligations in case of internet / wireless technology based trading).
3. Guidance Note - Do's and Don'ts for dealing in Commodities Market for Investors.

Yours faithfully,



\_\_\_\_\_  
Signature of Client

## INDEX OF DOCUMENTS

### MANDATORY DOCUMENTS

S.No.	Name of the Document	Brief Significance of the Document	Page No.
1.	Account Opening Form	KYC Form - Document captures the basic information about the constituent and an Instruction / checklist.	1-11
2.	Uniform Risk Disclosure Document (RDD)	Document detailing risks associated with dealing in the commodities market	Given to Client with Welcome Kit
3.	Rights and Obligations of Members, Authorized Persons and Clients.	Document stating the Rights & Obligations of member, Authorized Person and client for trading on exchanges (including additional rights & obligations in case of internet/wireless technology based trading).	
4.	Do's and Don'ts for the Investors	Guidance Note for dealing in commodities market.	
5.	Tariff Sheet	Document detailing rate / amount of brokerage and other charges levied on the client for trading on the commodity exchange(s).	12
6.	Disclosure Information	Pro-Account Disclosure Information	12

### VOLUNTARY DOCUMENTS

S.No.	Name of the Document	Brief Significance of the Document	Page No.
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3.	Running Account Authorisation	Running Account Authorisation	15
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## INSTRUCTIONS / CHECK LIST FOR FILLING KYC FORM

### A. IMPORTANT POINTS:

1. Self attested copy of PAN card is mandatory for all clients.
2. Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the below mentioned list.
3. If any proof of identity or address is in a foreign language, then translation into English is required.
4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
5. If correspondence & permanent address are different, then proofs for both have to be submitted.
6. Sole proprietor must make the application in his individual name & capacity.
7. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIO Card/OCI Card and overseas address proof is mandatory.
8. For foreign entities, CIN is optional; and in the absence of DIN no. for the directors, their passport copy should be given.
9. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
10. For opening an account with Depository Participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark Sheet issued by Higher Secondary Board/Passport of Minor/Birth Certificate must be provided.
11. Politically Exposed Persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.

### B. Proof of Identity (POI) : - List of documents admissible as Proof of Identity:

1. PAN card with photograph. This is mandatory requirement for all applicants except those who are specifically exempt from obtaining PAN (listed in Section D)
2. Unique Identification Number (UID) (Aadhaar)/ Passport/ Voter ID card/ Driving license.
3. Identity card/ document with applicant's Photo, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members; and Credit cards/Debit cards issued by Banks.

### C. Proof of Address (POA): - List of documents admissible as Proof of Address: (\*Documents having an expiry date should be valid on the date of submission.)

1. Passport/ Voters Identity Card/ Ration Card/ Registered Lease or Sale Agreement of Residence/ Driving License/ Flat Maintenance bill/ Insurance Copy.
2. Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill - Not more than 3 months old.
3. Bank Account Statement/Passbook - Not more than 3 months old.
4. Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts.
5. Proof of address issued by any of the following: Bank Managers of Scheduled Commercial Banks/Scheduled Co-Operative Bank/Multinational Foreign Banks/Gazetted Officer/Notary public/Elected representatives to the Legislative Assembly/ Parliament/Documents issued by any Govt. or Statutory Authority.
6. Identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members.
7. For FII/sub account Power of Attorney given by FII/sub account to the Custodians (which are duly notarized and/or apostilled or consularised) that gives the registered address should be taken.
8. The proof of address in the name of the spouse shall be acceptable, subject to the submission of proof of relationship alongwith the same.

### D. Exemptions/clarifications to PAN

(\*Sufficient documentary evidence in support of such claims to be collected.)

1. In case of transactions undertaken on behalf of Central Government and/or State Government and by officials appointed by Courts e.g. Official liquidator, Court receiver etc.
2. Investors residing in the state of Sikkim.
3. UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.
4. SIP of Mutual Funds upto Rs 50, 000/- p.a.

5. In case of institutional clients, namely, FIIs, MFs, VCFs, FVCIs, Scheduled Commercial Banks, Multilateral and Bilateral Development Financial Institutions, State Industrial Development Corporations, Insurance Companies registered with IRDA and Public Financial Institution as defined under section 4A of the Companies Act, 1956, Custodians shall verify the PAN card details with the original PAN card and provide duly certified copies of such verified PAN details to the intermediary.

### E. List of people authorized to attest the documents:

1. Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/ Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
2. In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy /Consulate General in the country where the client resides are permitted to attest the documents.

### F. In case of Non Individuals additional documents to be obtained from non-individuals over & above the POI & POA, as mentioned below :

Types of entity	Documentary Requirments
<b>Corporate</b>	<ul style="list-style-type: none"> <li>• Copy of the balance sheets for the last 2 financial years (to be submitted every year).</li> <li>• Copy of latest share holding pattern including list of all those holding control, either directly or indirectly, in the company in terms of SEBI takeover Regulations, duly certified by the company secretary/Whole time director/MD (to be submitted every year).</li> <li>• Photograph, POI, POA, PAN and DIN numbers of whole time directors/two directors in charge of day to day operations.</li> <li>• Photograph, POI, POA, PAN of individual promoters holding control-either directly or indirectly.</li> <li>• Copies of the Memorandum and Articles of Association and certificate of incorporation.</li> <li>• Copy of the Board Resolution for investment in securities market.</li> <li>• Authorised signatories list with specimen signatures.</li> </ul>
<b>Partnership Firm</b>	<ul style="list-style-type: none"> <li>• Copy of the balance sheets for the last 2 financial years (to be submitted every year).</li> <li>• Certificate of registration (for registered partnership firms only).</li> <li>• Copy of partnership deed.</li> <li>• Authorised signatories list with specimen signatures.</li> <li>• Photograph, POI, POA, PAN of Partners.</li> </ul>
<b>Trust</b>	<ul style="list-style-type: none"> <li>• Copy of the balance sheets for the last 2 financial years (to be submitted every year).</li> <li>• Certificate of registration (for registered trust only). Copy of Trust deed.</li> <li>• List of trustees certified by managing trustees/CA.</li> <li>• Photograph, POI, POA, PAN of Trustees.</li> </ul>
<b>HUF</b>	<ul style="list-style-type: none"> <li>• PAN of HUF.</li> <li>• Deed of declaration of HUF/List of coparceners.</li> <li>• Bank pass-book/bank statement in the name of HUF.</li> <li>• Photograph, POI, POA, PAN of Karta.</li> </ul>
<b>Unincorporated association or a body of individuals</b>	<ul style="list-style-type: none"> <li>• Proof of Existence/Constitution document.</li> <li>• Resolution of the managing body &amp; Power of Attorney granted to transact business on its behalf.</li> <li>• Authorized signatories list with specimen signatures.</li> </ul>
<b>Banks/ Institutional Investors</b>	<ul style="list-style-type: none"> <li>• Copy of the constitution/registration or annual report/balance sheet for the last 2 financial years.</li> <li>• Authorized signatories list with specimen signatures.</li> </ul>
<b>Foreign Institutional Investors (FII)</b>	<ul style="list-style-type: none"> <li>• Copy of SEBI registration certificate.</li> <li>• Authorized signatories list with specimen signatures.</li> </ul>
<b>Army/ Government Bodies</b>	<ul style="list-style-type: none"> <li>• Self-certification on letterhead.</li> <li>• Authorized signatories list with specimen signatures.</li> </ul>
<b>Registered Society</b>	<ul style="list-style-type: none"> <li>• Copy of Registration Certificate under Societies Registration Act.</li> <li>• List of Managing Committee members.</li> <li>• Committee resolution for persons authorised to act as authorised signatories with specimen signatures.</li> <li>• True copy of Society Rules and Bye Laws certified by the Chairman/Secretary.</li> </ul>

## INSTRUCTIONS / CHECK LIST (for filling additional information related to trading account)

1. Additional documents in case of trading in derivatives segments - illustrative list :

<ul style="list-style-type: none"> <li>• Copy of ITR Acknowledgement</li> <li>• Copy of Annual Accounts</li> <li>• In case of salary income - Salary Slip, Copy of Form 16</li> </ul>	<ul style="list-style-type: none"> <li>• Net Worth Certificate</li> <li>• Copy of Demat account holding statement.</li> <li>• Bank account statement for last 6 months</li> </ul>	<ul style="list-style-type: none"> <li>• Any other relevant documents substantiating ownership of assets.</li> <li>• Self declaration with relevant supporting documents.</li> </ul>
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2. Copy of cancelled cheque leaf/ pass book/bank statement specifying name of the constituent, MICR Code or/and IFSC Code of the bank should be submitted.
3. Demat master or recent holding statement issued by DP bearing name of the client.
4. For individuals:
  - a. Stock broker has an option of doing 'in-person' verification through web camera at the branch office of the stock broker/sub-broker's office.
  - b. In case of non-resident clients, employees at the stock broker's local office, overseas can do 'in-person' verification. Further, considering the infeasibility of carrying out 'In-person' verification of the non-resident clients by the stock broker's staff, attestation of KYC documents by Notary Public, Court, Magistrate, Judge, Local Banker, Indian Embassy / Consulate General in the country where the client resides may be permitted.
5. For non-individuals:
  - a. Form need to be initialized by all the authorized signatories.
  - b. Copy of Board Resolution or declaration (on the letterhead) naming the persons authorized to deal in securities on behalf of company/firm/others and their specimen signatures.

**CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual**

**Important Instructions:**

- A) Fields marked with "\*" are mandatory fields.
- B) Please fill the form in English and in BLOCK letters.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please read section wise detailed guidelines / instructions at the end.
- E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- F) List of two character ISO 3166 country codes is available at the end.
- G) KYC number of applicant is mandatory for update application.
- H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.



**For office use only**

(To be filled by financial institution)

Application Type\*  New  Update  
 KYC Number  (Mandatory for KYC update request)  
 Account Type\*  Normal  Simplified (for low risk customers)  Small

**1. PERSONAL DETAILS** (Please refer instruction A at the end)

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/> )		
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian		
	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin		
Occupation Type*	<input type="checkbox"/> S-Service ( <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector) <input type="checkbox"/> O-Others ( <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student) <input type="checkbox"/> B-Business <input type="checkbox"/> X- Not Categorised			

**PHOTO**

Signature / Thumb Impression

**2. TICK IF APPLICABLE**  RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED\* (Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence\*

Tax Identification Number or equivalent (If issued by jurisdiction)\*

Place / City of Birth\*  ISO 3166 Country Code of Birth\*

**3. PROOF OF IDENTITY (PoI)\*** (Please refer instruction C at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

<input type="checkbox"/> A- Passport Number <input type="text"/>	Passport Expiry Date <input type="text"/>
<input type="checkbox"/> B- Voter ID Card <input type="text"/>	
<input type="checkbox"/> C- PAN Card <input type="text"/>	
<input type="checkbox"/> D- Driving Licence <input type="text"/>	Driving Licence Expiry Date <input type="text"/>
<input type="checkbox"/> E- UID (Aadhaar) <input type="text"/>	
<input type="checkbox"/> F- NREGA Job Card <input type="text"/>	
<input type="checkbox"/> Z- Others (any document notified by the central government) <input type="text"/>	Identification Number <input type="text"/>
<input type="checkbox"/> S- Simplified Measures Account - Document Type code <input type="text"/>	Identification Number <input type="text"/>

**4. PROOF OF ADDRESS (PoA)\***

**4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS** (Please see instruction D at the end)

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Address Type\*  Residential / Business  Residential  Business  Registered Office  Unspecified

Proof of Address\*  Passport  Driving Licence  UID (Aadhaar)  
 Voter Identity Card  NREGA Job Card  Others  please specify  
 Simplified Measures Account - Document Type code

**Address**

Line 1\*

Line 2

Line 3  City / Town / Village\*

District\*  Pin / Post Code\*  State / U.T Code\*  ISO 3166 Country Code\*

4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS \* (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')

Line 1\*   
Line 2   
Line 3  City / Town / Village\*   
District\*  Pin / Post Code\*  State / U.T Code\*  ISO 3166 Country Code\*

4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES\* (Applicable if section 2 is ticked)

Same as Current / Permanent / Overseas Address details  Same as Correspondence / Local Address details

Line 1\*   
Line 2   
Line 3  City / Town / Village\*   
State\*  ZIP / Post Code\*  ISO 3166 Country Code\*

5. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

Tel. (Off) - Tel. (Res) - Mobile -  
FAX - Email ID

6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)

Addition of Related Person  Deletion of Related Person KYC Number of Related Person (if available\*)

Related Person Type\*  Guardian of Minor  Assignee  Authorized Representative

Name\* Prefix  First Name  Middle Name  Last Name   
(If KYC number and name are provided, below details of section 6 are optional)

PROOF OF IDENTITY [PoI] OF RELATED PERSON\* (Please see instruction (H) at the end)

A- Passport Number  Passport Expiry Date --  
 B- Voter ID Card   
 C- PAN Card   
 D- Driving Licence  Driving Licence Expiry Date --  
 E- UID (Aadhaar)   
 F- NREGA Job Card   
 Z- Others (any document notified by the central government)  Identification Number   
 S- Simplified Measures Account - Document Type code  Identification Number

7. REMARKS (If any)

8. APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

 [Signature / Thumb Impression]  
Signature / Thumb Impression of Applicant

Date : -- Place :

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received  Certified Copies  IPV Done

KYC VERIFICATION CARRIED OUT BY

Date --  
Emp. Name   
Emp. Code   
Emp. Designation   
Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name **INDIAN FINANCE GUARANTY LTD.**  
Code

[Institution Stamp]

**ANNEXURE 1 (PART - I)****KNOW YOUR CLIENT (KYC) Application Form - For Non Individuals** NEW  CHANGE REQUEST (Please tick ✓ the appropriate)

Please fill this form in ENGLISH and in BLOCK LETTERS

(Please tick ✓ the box on left margin of appropriate row where CHANGE/CORRECTION is required and provide the details in the corresponding row)

Acknowledgement No. \_\_\_\_\_

**A IDENTITY DETAILS**

1. Name of the Applicant \_\_\_\_\_

2a. Date of Incorporation       2b. Place of Incorporation \_\_\_\_\_

3. Date of commencement of business

4a. Permanent Account Number (PAN)

4b. Registration No. (e.g. CIN) \_\_\_\_\_

5. Status (Please tick any one)

Private Limited Co.  Public Ltd. Co.  Body Corporate  Partnership  Trust  Charities

NGO's  FI  FII  HUF  AOP  Bank

Government Body  Non-Govt. Organization  Defense Establishment  BOI  Society  LLP

FPI - Category I  FPI - Category II  FPI - Category III  Others (Please specify) \_\_\_\_\_

**B ADDRESS DETAILS**

1. Address for Correspondence \_\_\_\_\_

City / Town / Village \_\_\_\_\_ Pin Code \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_

2. Specify the Proof of Address submitted for Correspondence Address: \_\_\_\_\_

3. Contact Details

Tel. (Off.) \_\_\_\_\_ Fax \_\_\_\_\_

Tel. (Res.) \_\_\_\_\_ Mobile No \_\_\_\_\_

E-Mail Id. \_\_\_\_\_

4. Registered Address (If different from above) \_\_\_\_\_

City / Town / Village \_\_\_\_\_ Pin Code \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_

5. Specify the Proof of Address submitted for Registered Address: \_\_\_\_\_

**C OTHER DETAILS** If space is insufficient, enclosed these details separately (illustrative format enclosed)

1. Name, PAN, Residential Address and photographs of Promoters/Partners/Karta/Trustees and whole time directors : \_\_\_\_\_

2a. DIN of Whole time directors : \_\_\_\_\_

2b. AADHAAR number of Promoters/Partners/Karta : \_\_\_\_\_

**D 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 changes 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.

Date      

Name &amp; Signature of the Authorised Signatory(ies)

**FOR OFFICE USE ONLY****In Person Verification (IPV) Details:**

Name of the person who has done the IPV: \_\_\_\_\_

Designation: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Name of the Organization: **INDIAN FINANCE GUARANTY LTD.**Date of IPV:       Signature of the person who has done the IPV \_\_\_\_\_

Seal/Stamp of the Intermediary

 Originals Verified & Self Attested Document copies receivedDate       Place : \_\_\_\_\_

Signature of the Authorised Signatory



**Details of Promoters/ Partners/ Karta / Trustees and whole time directors forming  
a part of Know Your Client (KYC) Application Form for Non-Individuals**

<p>1. Name _____</p> <p>2. Relationship with Applicant (i.e. promoters, whole time directors etc.) _____</p> <p>3a. PAN <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>3b. DIN <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>3c. Aadhaar (UID) Number _____</p> <p>4. Residential/ Registered Address _____                  _____ City / Town / Village _____                  Pin Code _____ State _____ Country _____</p> <p>5. Tel. / Mobile No. _____ <input type="checkbox"/> PEP <input type="checkbox"/> Related to a PEP</p>																					<p><b>PHOTOGRAPH</b></p> <p>Please affix your recent passport size photograph and sign across it</p>

<p>1. Name _____</p> <p>2. Relationship with Applicant (i.e. promoters, whole time directors etc.) _____</p> <p>3a. PAN <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>3b. DIN <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>3c. Aadhaar (UID) Number _____</p> <p>4. Residential/ Registered Address _____                  _____ City / Town / Village _____                  Pin Code _____ State _____ Country _____</p> <p>5. Tel. / Mobile No. _____ <input type="checkbox"/> PEP <input type="checkbox"/> Related to a PEP</p>																					<p><b>PHOTOGRAPH</b></p> <p>Please affix your recent passport size photograph and sign across it</p>

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\_\_\_\_\_  
 Name & Signature of the Authorised Signatory (ies)

Date : 

--	--	--	--	--	--



Transparency & Trust.....Guaranteed

# FATCA & CRS Declaration - Individual

PAN           Trading Code        DP Code

Name

Place of Birth  Country of Birth

Nationality

Annual Income  Below Rs. 1 Lac  Rs. 1 Lac to 5 Lac  Rs. 5 Lac to 10 Lac  
 Rs. 10 Lac to 25 Lac  Rs. 25 Lac to 1 Crore  >1 Crore

Net Worth **Amount Rs.**..... Net Worth as on          
*(Net worth should not be older than 1 year)*

Occupational  Business  Private Sector  Professional  Government Service  Public Sector  
Detail  Agriculturist  Housewife  Student  Retired  Forex Dealer  Others Pl. Specify

Politically Exposed Person (PEP)  Related to Politically Exposed Person (RPEP)

Are you a tax resident of any country other than India  Yes  No

If yes please indicate the all countries in which you are resident for tax purpose and the associated Tax ID number below.

Sr. No.	Country	Tax Identification Number	Identification Type (TIN or Other, please specify)
1.			
2.			
3.			

### DECLARATION

I have read and understood the information requirements and the Terms & Conditions mentioned in this Form (read along with FATCA & CRS instructions) and hereby confirm that the information provided by me on this Form is true, correct and complete. I hereby agree and confirm to inform Indian Finance Guaranty Ltd. for any modification to this information promptly.

I further agree to abide by the provisions of the scheme related documents inter alia provisions of FATCA & CRS on Automatic Exchange of Information (AEOI).

Client Signature 

Date :         Place :

For Investor convenience, Indian Finance Guaranty Ltd. collecting this mandatory information for updating across all Group Companies of Indian Finance Guaranty Ltd. whether you are already an investor or would become an investor in future.

Please submit the form fully filled, signed, for all the holders, separately, and submit at your nearest Indian Finance Guaranty Ltd. branch or you can dispatch the hard copy to-

**Indian Finance Guaranty Ltd.**  
**8/28, 2nd Floor, W.E.A, Adbul Aziz Road,**  
**Karol Bagh, New Delhi- I I 0005**

• For Detail Terms & Conditions please visit [www.ifgl.info](http://www.ifgl.info)



Transparency & Trust.....Guaranteed

# FATCA & CRS Declaration - Non Individual

PAN  Trading Code  DP Code   
 Name

Please tick the applicable tax resident declaration -

I. Is "Entity" a tax resident of any country other than India  Yes  No  
 (If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Sr. No.	Country	Tax Identification Number	Identification Type (TIN or Other <sup>s</sup> , please specify)
1.			
2.			

In case Tax Identification Number is not available, kindly provide its functional equivalent.  
 In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here

## PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

1. We are a, Financial institution  (Refer 1 of Part C) or Direct reporting NFE  (Refer 3(vii) of Part C) (please tick as appropriate)

**GIIN**

**Note:** If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below

Name of sponsoring entity

**GIIN not available** (please tick as applicable)  **Applied for**  **Not obtained – Non-participating FI**   
 **Not required to apply for - please specify 2 digits sub-category**  (Refer 1 A of Part C)

## PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

1. Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market) (Refer 2a of Part C)  
 Yes  (If yes, please specify any one stock exchange on which the stock is regularly traded)  
 Name of stock exchange

2. Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market) (Refer 2b of Part C)  
 Yes  (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)  
 Name of listed company   
 Nature of relation:  Subsidiary of the Listed Company or  Controlled by a Listed Company  
 Name of stock exchange

3. Is the Entity an active NFE (Refer 2c of Part C)  
 Yes  Nature of Business   
 Please specify the sub-category of Active NFE  (Mention code – refer 2c of Part C)

4. Is the Entity a passive NFE (Refer 3(ii) of Part C)  
 Yes  Nature of Business

## UBO Declaration (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)

**Category** (Please tick applicable category):

Unincorporated association / body of individuals  Unlisted Company  Partnership Firm  Limited Liability Partnership Company  
 Others (please specify )  Public Charitable Trust  Religious Trust  Private Trust

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s). (Please attach additional sheets if necessary)

Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E (Refer 3(vi) of Part C)

Details	UBO1	UBO2	UBO3
Name of UBO			
UBO Code (Refer 3(iv) (A) of Part C)			
Country of Tax residency*			
PAN #			
Address	Zip <input type="text"/> State: _____ Country: _____	Zip <input type="text"/> State: _____ Country: _____	Zip <input type="text"/> State: _____ Country: _____
Address Type	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office
Tax ID %			
Tax ID Type			
City of Birth			
Country of birth			
Occupation Type	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____
Nationality			
Father's Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
Date of Birth	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Percentage of Holding (%) <sup>5</sup>			

\* To include US, where controlling person is a US citizen or green card holder

<sup>#</sup> If UBO is KYC compliant, KYC proof to be enclosed. Else PAN or any other valid identity proof must be attached. Position / Designation like Director / Settlor of Trust / Protector of Trust to be specified wherever applicable.


<sup>6</sup>In case Tax Identification Number is not available, kindly provide functional equivalent

<sup>5</sup> Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary

### DECLARATION

I have read and understood the information requirements and the Terms & Conditions mentioned in this Form (read along with FATCA & CRS instructions) and hereby confirm that the information provided by me on this Form is true, correct and complete. I hereby agree and confirm to inform Indian Finance Guaranty Ltd. for any modification to this information promptly.

I further agree to abide by the provisions of the scheme related documents inter alia provisions of FATCA & CRS on Automatic Exchange of Information (AEOI).

Name			
Designation			
Client Signature		Date :	<input type="text"/>   <input type="text"/>   <input type="text"/>   <input type="text"/>   <input type="text"/>   <input type="text"/>   <input type="text"/>   <input type="text"/>
		Place :	<input type="text"/>

For Investor convenience, Indian Finance Guaranty Ltd. collecting this mandatory information for updating across all Group Companies of Indian Finance Guaranty Ltd. whether you are already an investor or would become an investor in future.

Please submit the form fully filled, signed, for all the holders, separately, and submit at your nearest Indian Finance Guaranty Ltd. branch or you can dispatch the hard copy to-

**Indian Finance Guaranty Ltd.**  
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**Karol Bagh, New Delhi-110005**

• For Detail Terms & Conditions please visit [www.ifgl.info](http://www.ifgl.info)

**ANNEXURE 1 (PART - II)**  
**TRADING ACCOUNT RELATED DETAILS**



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**FOR INDIVIDUALS & NON-INDIVIDUALS**

**PHOTOGRAPH**  
Please affix  
Authorized  
Signatories recent  
passport size  
photograph and  
sign across it.

**A. OTHER DETAILS**

Gross Annual Income Details (please specify)	Income Range per annum : <input type="checkbox"/> Below Rs. 1 Lac <input type="checkbox"/> Rs. 1 Lac to 5 Lac <input type="checkbox"/> Rs. 5 Lac to 10 Lac <input type="checkbox"/> Rs. 10 Lac to 25 Lac <input type="checkbox"/> Rs. 25 Lac to 1 Crore <input type="checkbox"/> >1 Crore OR
Net-Worth as on (Compulsory for Non-Individual Clients)	(date)..... (Rs. _____) (Net worth should not be older than 1 year)
Occupation (For Individuals Only) (please tick any one and give brief details)	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Farmer <input type="checkbox"/> Others. (Specify) _____
Please tick, as applicable (For Individuals Only)	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (PEP) <input type="checkbox"/> Not a Politically Exposed Person (PEP) <input type="checkbox"/> Not Related to Politically Exposed Person (PEP)
Name, PAN, residential address and photographs of Promoters/Partners/Karta/Trustees and whole time directors :	
(If you have a landline connection, kindly provide the same)	

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

Bank Name	Branch Address	Bank Account Number	Account Type	MICR Number	IFSC Code
			<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others		

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.

**C. DEPOSITORY ACCOUNT(S) DETAILS, if available**

Depository Participant Name	Name of Depository	Beneficiary Name	DP ID	Beneficiary ID (BO ID)
	<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL			
	<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL			

Note : Provide a copy of either Demat Master or a recent holding statement issued by DP bearing name of the client.

**D. 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 National Commodity Exchanges	Date of consent for trading on concerned Exchange	Signature of the Client
1.	<b>MCX</b>		5a

[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]

**E. INVESTMENT / TRADING EXPERIENCE**

- No Prior Experience
- \_\_\_\_\_ Years in Commodities
- \_\_\_\_\_ Years in other investment related fields

**F. GST DETAILS (As applicable, State wise)**

Legal Name			
Trade Name			
GSTIN		Registration Date	
Name of the State		State Code	
Other State GSTIN		Registration Date	
Name of the State		State Code	

**G. PAST REGULATORY ACTIONS**

Details of any action/proceedings initiated/pending/taken by SEBI / Stock Exchange / Commodity Exchange / any other authority against the client or its Partners / Promoters / Whole Time Directors / Authorized Persons incharge during the last 3 years :

No     Yes    (If yes, please specify \_\_\_\_\_)

**H. DEALING THROUGH OTHER MEMBERS**

If client is dealing through any other Member, provide the following details (in case dealing with multiple Member's/AP's, provide details of all in a separate sheet containing all the information as mentioned below) :

Member's/Authorised Person(AP)'s Name			
Exchange			
Exchange's Registration No.			
Concerned Member's Name with whom the AP is registered			
Registered Office Address			
Tel.:		Fax	
E-mail		Website	
Client Code			
Details of disputes / dues pending from/to such Member / AP:			

**I. INTRODUCER DETAILS (optional)**

Name of the introducer	(Surname)	(Name)	(Middle Name)
Status of the Introducer	<input type="checkbox"/> Authorised Person <input type="checkbox"/> Existing Client <input type="checkbox"/> Others (Pl. Specify) _____		
Address and Phone No. of the Introducer	 		
		Signature of the Introducer	

**J. ADDITIONAL DETAILS**

<input checked="" type="checkbox"/> Whether you wish to receive communication from Member in electronic form on your Email-id.	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes then please fill in Appendix - A)
--	---

**K. NOMINATION DETAILS (For Individual Clients only)**

<input type="checkbox"/> I/We wish to nominate <input type="checkbox"/> I/We do not wish to nominate	
Name of the Nominee	
Relationship with the Nominee	
PAN of Nominee	Date of Birth of Nominee
Address and Ph. No. of the Nominee	
If Nominee is a minor, details of guardian :	
Name of the Guardian	
Address and Ph. No. of Guardian	
Signature of Guardian	

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

Name		Name	
Signature		Signature	
Address		Address	

**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 changes 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 i.e. www.ifgl.info

Place	
-------	--

Date	
------	--

 6

Signature of Client / (all) Authorised Signatory(ies)\*

\*Form need to be signed by all the authorized signatories  
(In case of Non-Individual Clients).

**FOR OFFICE USE ONLY**

UCC Code allotted to the Client : \_\_\_\_\_

	<b>Documents verified with Originals</b>
Name of the Employee	
Employee Code	
Designation of the Employee	
Date	
Signature	

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 Dont's' 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 www.ifgl.info, for the information of the clients.

For **Indian Finance Guaranty Ltd.**  
  
Signature of the Authorised Signatory

Seal / Stamp of the Member

Date : \_\_\_\_\_

**DECLARATION - CUM - UNDERTAKING**

**घोषणा**

मैं.....यह घोषणा करता हूँ कि मैंने Indian Finance Guaranty Ltd. में अपना ट्रेडिंग खाता खोला है। उसके लिए मैंने एकाउन्ट ओपनिंग फार्म और विभिन्न कागजात पर हस्ताक्षर किये हैं जोकि अंग्रेजी भाषा में है। मुझे इसका हिन्दी में मतलब समझा दिया गया है। मैं Indian Finance Guaranty Ltd. के नियम व शर्तों से सहमत हूँ।

मैं..... सुनिश्चित करता/करती हूँ कि मुझे Indian Finance Guaranty Ltd. में मेरा ट्रेडिंग खाता खोलने के उपरान्त Uniform Risk Disclosure, Rights and Obligations of Member, Authorized Person and Clients एवं मेरे द्वारा निष्पादित अन्य दस्तावेजों की एक प्रतिलिपि मुझे प्राप्त हो गई है।

दिनांक : .....

स्थान : .....

7

हस्ताक्षर





## ELECTRONIC CONTRACT NOTE (ECN) DECLARATION

To,

### INDIAN FINANCE GUARANTY LTD.

Regd. Office : 8/28, 2nd Floor, W.E.A.,  
Abdul Aziz Road, Karol Bagh, New Delhi-110005

Dear Sir,

I \_\_\_\_\_ a client with member M/S. \_\_\_\_\_  
of \_\_\_\_\_ Exchange undertakes as follows:

- I am aware that the member has to provide physical contract note in respect of all the trades placed by me unless I myself want the same in the electronic form.
- I am aware that the member has to provide electronic contract note for my convenience on my request only.
- Though the member is required to deliver physical contract note, I find that it is inconvenient for me to receive physical contract notes. Therefore , I am voluntarily requesting for delivery of electronic contract note pertaining to all the trades carried out/ ordered by me.
- I have access to a computer and am a regular internet user, having sufficient knowledge of handling the email operation.
- My email id is\* \_\_\_\_\_.  
This has been created by me and not by someone else.
- I am aware that this declaration form should be in English or in any other Indian language known to me.
- I am aware that non-receipt of bounced mail notification by the member shall amount to delivery of the contract note at the above e-mail ID.

**The above declaration and the guidelines on ECN given in the Annexure have been read and understood by me. I am aware of the risk involved in dispensing with the physical contract note, and do hereby take full responsibility for the same.**

\*(The email id must be written in own handwriting of the client)

Client Name: \_\_\_\_\_

Unique Client Code : \_\_\_\_\_

PAN: \_\_\_\_\_

Address : \_\_\_\_\_

 \_\_\_\_\_

Client Signature

Date : \_\_\_\_\_ Place: \_\_\_\_\_

Verification of the client signature done by,

Name of the designated officer of the Member \_\_\_\_\_

Signature \_\_\_\_\_

## LETTER OF AUTHORITY

To,  
**INDIAN FINANCE GUARANTY LTD.**  
Regd. Office : 8/28, 2nd Floor, W.E.A.,  
Abdul Aziz Road, Karol Bagh, New Delhi-110005

Client Name : \_\_\_\_\_

Client Code : \_\_\_\_\_

Date : \_\_\_\_\_

Dear Sirs,

Sub : Letter of Authority

I / We am / are dealing in Commodities with you at MCX and in order to facilities ease of operations, I / We authorize you as under:

1. I / We authorise you to setoff outstanding in any of my accounts against credits available or arising in any other commodities exchange accounts maintained with you irrespective of the fact that such credits in the accounts may pertain to transactions in any segment of the same or other Exchange(s) and/or against the value of cash margin or other collateral provided to you by me / us.
2. I / We hereby authorise you not be provide me Order Confirmation / Modification / Cancellation Slips and Trade Confirmation Slips to avoid unnecessary paper work. I / We shall get the required details from contracts issued by you.
3. I / We request you to consider my / our telephonic instructions for order placing/order modification/order cancellation as a written instruction and give me / us all the confirmation on telephone unless instructed otherwise in writing. I / We am / are getting required details from contracts issued by you.
4. I / We agree and understand that the margin deposited by me/us is interest free and Indian Finance Guaranty Ltd. shall not be liable to pay any interest thereon to me/us.
5. I / We request that you may send/despatch my / our statement of accounts and other documents through E-mail : on my designated e-mail address of \_\_\_\_\_.
6. I / We will inform you the change in my / our e-mail, if any, in future either by regd. post or through e-mail.
7. I / We confirm that I / We will not sublet the trading terminal on any term of connectivity from my / our place under any circumstances.
8. I / We shall abide by the rules regulations/guidelines circulars of the exchange issue from time to time as applicable and shall be liable for non-adherence.
9. All fines/penalties and charges levied upon you due to my acts/deeds or transactions may be recovered by you from my account.
10. I/We have been explained that I/We may not opt to give any of the above authorisation and that the above authorisations are voluntary on my/our part and that I/we can revoke this authorisation at any point of time during the operation of my/our trading account with you by giving you a notice in writing.

Thanking you,

Your faithfully,

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\_\_\_\_\_  
Client Signature

## RUNNING ACCOUNT AUTHORISATION

To,  
**INDIAN FINANCE GUARANTY LTD.**  
Regd. Office : 8/28, 2nd Floor, W.E.A.,  
Abdul Aziz Road, Karol Bagh, New Delhi-110005

Client Name : \_\_\_\_\_

Client Code : \_\_\_\_\_

Date : \_\_\_\_\_

Dear Sirs,

I/We are dealing through you as a client in commodities derivatives segment and in order to facilitate ease of operations and upfront requirement of margin for trade. I/We authorize you as under:

1. I/We request you to maintain running balance in my account and retain the credit balance in any of my/our account and to use the unused funds towards my/our margin/pay-in/other obligation(s) in any segment(s) of any or all the Exchange(s)/Clearing corporation unless I/we instruct you otherwise.
2. I/We request you to retain securities / commodities with you for my/our margin/pay-in/other-future obligation(s) at any segment(s) of any or all the Exchange(s)/Clearing Corporation unless I/We instruct you to transfer the same to my/our account.
3. I/We request you to settle my account  
 Once in every calendar Quarter or  
 Once in a calendar Month

Except the funds given towards collaterals/ margin in form of Bank Guarantee and/or Fixed Deposit Receipt.

4. In case I/We have an outstanding obligation on the settlement date, you may retain the requisite securities/funds towards such obligations and may also retain the funds expected to be required to meet future margin obligations, calculated in the manner specified by the Exchange(s) / SEBI.
5. I/We confirm you that I will bring to your notice any dispute arising from the statement of account or settlement so made in writing within 7 working days from the date of receipt of funds/securities/commodities or statement of account or statement related to it, as the case may be.
6. I/We further authorize you to retain such other minimum amount as may be prescribed by Exchange/ Regulatory Authority from time to time. The same may be released on my/our specific request.
7. I/We have been informed by the member that it shall transfer the funds / securities lying in the credit of the client within one working day of the request if the same are lying with him and within three working days from the request if the same are lying with the Clearing Member/Clearing Corporation.
8. I/We have been informed by the member that there shall be no inter-client adjustments for the purpose of settlement of the 'running account'.
9. I/We further authorize you to retain an amount of upto Rs. 50,000/- (net amount across segment and across stock exchanges) in order to avoid administrative/operational difficulties in setting my/our account. The same may be released on my/our account. The same may be released on my/our specific.

The running account authorization provided by me shall continue and remain valid until it is revoked by me anytime in writing.

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Client Signature

**REQUEST FOR TRADING IN COMMODITY FUTURE / OPTION ON MCX**

To,

**INDIAN FINANCE GUARANTY LTD.**

Regd. Office : 8/28, 2nd Floor, W.E.A.,  
Abdul Aziz Road, Karol Bagh, New Delhi-110005

Dear Sir,

**Subject : My / Our request for trading in commodity forward contracts / commodity derivatives on MCX as your client**

I/We, the undersigned, have taken cognizance of circular no. MCX/325/2016 dated 29, September issued by the Multi Commodity Exchange of India Ltd. (MCX) on the guidelines for calculation of net open positions permitted in any commodity and I/we hereby undertake to comply with the same.

I/We hereby declare and undertake that we will not exceed the position limits as may be prescribed from time to time by MCX and such position limits will be calculated in accordance with the contents of above stated circular of MCX as modified from time to time.

I/We undertake to inform you and keep you informed if any of our partners/directors/karta/trustee or any of the partnership firms/companies/HUF's/Trusts in which I or any of above such person is a partner/director/karta/trustee, takes or holds any position in any commodity Future / Option on MCX through you or through any other member(s) of MCX to enable you to restrict our position limit as prescribed by the above referred circular of MCX as modified from time to time.

I/We confirm that you have agreed to enter orders in commodity for me/us as your clients on MCX only on the basis of our above assurances and undertaking.

Yours faithfully

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\_\_\_\_\_  
Client Signature

Sole Proprietor/Partner/Director/Karta/Trustee

**FOR REGISTRATION AND VERIFICATION OF MOBILE NUMBER AND E-MAIL ADDRESS**

Date : \_\_\_\_\_

To,  
**The Compliance Officer**  
**INDIAN FINANCE GUARANTY LTD.**  
Regd. Office : 8/28, 2nd Floor, W.E.A.,  
Abdul Aziz Road, Karol Bagh, New Delhi-110005

**Member Id's :**  
55895 (MCX)

I/We am/are aware that MCX provide SMS/email alerts to the constituents (clients) of its member for trades executed on its platform. I/We hereby provide and confirm my/our mobile number and/or email address as stated below for the purpose of receipt of SMS/email alerts.

- I want to receive transaction alerts in SMS as well as email from Exchanges.
- I want to receive transaction alerts only in SMS from Exchanges.
- I want to receive transaction alerts only in Email from Exchanges.
- I do not want to receive any transaction alerts from Exchanges, specify reason

.....

The alerts should be sent on :

Mobile number (enter 10 digit mobile no.) 

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E-mail Id.....

I/We agree to the terms and conditions specified by the Exchange in its circular no. SEBI/4/2012/C/13 dated 02/02/2012 as modified from time to time. I/We am/are aware that the receipt of SMS/E-mail alerts on the above mobile number and/or email address can be stopped only on my/our written request.

Name of the Client : \_\_\_\_\_

Client Id : \_\_\_\_\_

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\_\_\_\_\_  
Client Signature

## UNDERTAKING TO ACT IN OWN CAPACITY

I/We do hereby solemnly affirm and declare as under :

1. That my/our registration with Indian Finance Guaranty Ltd. (IFGL) is in individual capacity and is for transacting on my/our own account. And that no one except myself/ourselves has/have any interest in the account with IFGL.
2. That I/We shall not be acting further as an intermediary / sub-broker in any manner whatsoever for the transactions executed in any segment of any security exchange(s) in my/our account with IFGL.
3. That I/We further state that if anybody on my/our behalf makes claim of any amounts / securities on account of the transactions in my/our account, the said act shall be null and void and shall be ineffective from all corners.
4. In case IFGL finds that I/We am/are acting as an un-registered Sub-broker, IFGL can immediately cancel my/our account with them and adjust all credit against my/our liabilities.
5. That I/We shall inform IFGL any of my/our registration in any capacity with any other member of the exchange(s) to transact on the same segment as at IFGL.
6. I/We shall not make any payment to IFGL drawn on the account of any third party whether related to me/us or not. All payments to my/our above A/c shall be from bank accounts that stand in my/our own name and registered with IFGL.
7. I/We shall not make any cash payment to IFGL nor shall I/We insist on any sales person/business associate to accept cash in lieu of account payee cheque/fund transfer. I/We understand that IFGL does not accept cash from clients and therefore any cash payment made by me/us to any staff shall be at my/our sole risk and I/We absolve IFGL of all liability and claim that may arise from any cash payment made by me/us.
8. I/We have been made understood by IFGL that it does not permit any of its employee to place any discretionary orders in the account of any client therefore I/We must not authorise any of IFGL's staff member to place any discretionary order under any circumstances in my / our trading account and that IFGL limits its liability in the event of I/we giving any such authorisation to any of the Employee of IFGL.

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\_\_\_\_\_  
Client Signature

Client Name \_\_\_\_\_

Client Code \_\_\_\_\_

## DECLARATION BY JOINT FAMILY

To,

### INDIAN FINANCE GUARANTY LTD.

Regd. Office : 8/28, 2nd Floor, W.E.A.,

Abdul Aziz Road, Karol Bagh, New Delhi-110005

1. WHEREAS the Hindu Undivided Family of.....  
(hereinafter referred to as 'the said joint family') carrying on business in the firm name and style of ..... at.....or elsewhere (hereinafter referred to as 'the said H.U.F. firm) have or desire to have Commodity Trading A/c with M/s. Indian Finance Guaranty Ltd. (hereinafter to as 'Member') we, the undersigned hereby declare
  - a) that we are the present adult co-parceners of the said joint family.
  - b) that Sh. \_\_\_\_\_ is the present Karta or Manager of the said Joint Family.
  - c) that we are entitled to trade in Commodity and open Commodity Trading Account of the said Joint Family.
  - d) that each one of us has full unrestricted authority to act on behalf of, and bind, the said H.U.F. firm and all the present as well as future members, both adults and minors, of the said joint family, howsoever constituted from time to time.
2. We confirm that affairs of the said joint family and the business of the said H.U.F. firm are carried on mainly by the Karta/Manager, the said Shri..... on behalf of H.U.F.
3. We hereby authorize the Karta/Manager Shri..... on behalf of the H.U.F. to deal in Commodity Market Segment or any other segment that may be introduced by MCX in future and the said Trading cum Clearing Member is hereby authorized to honor all instructions oral or written given by him on behalf of the H.U.F.
4. The names and dates of birth of the present minor co-parceners of the said joint family are given below. We undertake to inform you in writing as and when each of the said members attains the age of majority and is authorized to act on behalf of bind, the said H.U.F. Firm.

⊗ \_\_\_\_\_

(Karta) Signature

### CO-PARCENERS DETAIL

S.No.	Name of the Co-Parceners	Date of Birth	PAN No.	Address	Sign.

Please attach following documents :

1. Self attested copy of PAN Card of all the Co-Parceners.
2. Self attested copy of address proof of all the Co-Parceners.
3. Birth Certificate of Minor Co-Parceners.



**FORMAT OF DECLARATION TO BE GIVEN BY PARTNERSHIP FIRM ON LETTER HEAD OF THE FIRM**

To,  
**INDIAN FINANCE GUARANTY LTD.**

Date \_\_\_\_\_

Regd. Office : 8/28, 2nd Floor, W.E.A.,  
 Abdul Aziz Road, Karol Bagh, New Delhi-110005

Dear Sir,

We refer to the Commodities trading account being opened / opened with you in the name of \_\_\_\_\_  
 \_\_\_\_\_ and declare and authorise you as under.

We recognize that a beneficiary account cannot be opened with a depository participant in the name of a partnership firm as per applicable law. To facilitate the operation of the above trading account with you and for the purpose of completing the Commodities transfer obligations pursuant to the trading operations, we authorise you to recognize the beneficiary account No. \_\_\_\_\_ with depository \_\_\_\_\_ opened as a joint account in the names of the partnership of the firm.

We agree that the obligations for Commodities purchased and/or sold by the firm will be handled and completed through transfer to/from the above mentioned account. We recognize and accept transfers made by you to the beneficiary account as complete discharge of obligations by you in respect of trades executed in the above Commodities trading account of the firm.

We hereby authorize \_\_\_\_\_, partner in the firm to execute/sign and submit such documents, agreements, deeds etc. as may be necessary to enter into the agreement and engage in business with Indian Finance Guaranty Ltd. and to place order for buying and selling of Commodities, sell, purchase, transfer, endorse, negotiate and do other things that may be necessary to engage in business on behalf of the partnership and to sign the authority letter for adjustment of balances in family accounts.

Name of Partners (in block letters)	Signature

**FORMAT OF BOARD RESOLUTION TO BE GIVEN BY CORPORATE CLIENT**

**(TO BE PRINTED ON LETTER HEAD OF COMPANY)**

**CERTIFIED TRUE COPY OF EXTRACTS OF THE MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS OF \_\_\_\_\_ (Co. Name) CONVENED ON THE \_\_\_\_\_ (date) /TIME AT \_\_\_\_\_**

**"RESOLVED THAT** an account for the purpose of trading in Commodities be opened with M/s. **Indian Finance Guaranty Ltd.**, Member - Multi Commodity Exchange of India Ltd., hereinafter referred to as the Broker, for undertaking sale & purchase of Commodities on the said exchange(s).

**FURTHER RESOLVED THAT** Shri \_\_\_\_\_ and Shri \_\_\_\_\_, Directors of the Company, be and are hereby, authorised severally to do all such acts, deeds, things and sign all documents papers, authorisations, agreements etc. as may be necessary for opening and operating the said account with Broker.

**FURTHER RESOLVED THAT** the aforementioned Directors, be and are hereby, authorised severally, to give instructions on behalf of the Company. for conducting trading in Commodities for and on behalf of the Company.

**FURTHER RESOLVED THAT,** a copy of this resolution be forwarded to the Broker by Shri \_\_\_\_\_ or Shri \_\_\_\_\_ Directors, & the Broker, be instructed to honour the instructions of Shri \_\_\_\_\_ and / or Shri \_\_\_\_\_, Directors of the Company to carry on trading in Commodities.

Certified true copy

For (Name of the Company)

Director

Dated : 

D	D	M	M	Y	Y	Y	Y
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Place : 

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## CHECK LIST FOR CLIENT REGISTRATION FORM

FORM RECEIVING DATE :	BRANCH CODE :	CLIENT CODE
ACCOUNT OPENING DATE :	RL/TL	
	SUB BRANCH CODE :	

I.	CHECKING DETAILS	YES	REMARKS
a)	Name as it appears on the ID & Address Proof (in capital letter)		
b)	Signature of Client on all pages and wherever necessary (Witness wherever required) <input type="checkbox"/>		
c)	Signature Checked and Verified.		
d)	Photograph (duly signed) <input type="checkbox"/>		
e)	A copy of PAN Card (Self Attested) <input type="checkbox"/>		
f)	Address Proof (Self Attested) <input type="checkbox"/>		
g)	Bank Proof containing Client Name (Self Attested) <input type="checkbox"/>		
h)	Demat Account Proof (Self Attested) <input type="checkbox"/>		
i)	Stamp Paper : <input type="checkbox"/>		
j)	Exchange given : <input type="checkbox"/> MCX		
<b>2.</b>	<b>Telephonic confirmation of Particulars done</b> by _____ Date _____ Time _____ On Phone No. _____		
<b>3.</b>	<b>Details Punched in Computer by</b> _____		
<b>4.</b>	<b>Cross Checking done by</b> _____		
<b>5.</b>	<b>UCC UPLOADED :</b> <input type="checkbox"/> MCX <span style="margin-left: 100px;"><input type="checkbox"/> ENTERED IN FORM DATA</span>		
<b>6.</b>	<b>BACK OFFICE WEB LOGIN</b> User Name ID _____ Password _____		
<b>7.</b>	<b>DP WEB LOGIN</b> User Name ID _____ Password _____		
<b>8.</b>	<b>Form sent to Surveillance by</b> _____ <b>Date :</b> _____ <b>Time :</b> _____		
<b>9.</b>	<b>Client ID Mapping done by</b> _____ Branch ID _____ User ID: _____ Dealer ID : _____		
<b>10.</b>	<b>INTERNET TRADING</b> <input type="checkbox"/> Odin Diet <span style="margin-left: 50px;"><input type="checkbox"/> I-Net</span> User ID _____ Password _____		
<b>11.</b>	<b>Client Account Status Report issued by</b> _____		
<b>12.</b>	<b>Form Returned to Compliance by</b> _____ <b>Date :</b> _____ <b>Time :</b> _____		
<b>13.</b>	<b>Kit Dispatched on</b> _____ <b>(Date)</b> _____ <b>Pod No.</b> _____		



*Transparency & Trust ..... Guaranteed*

## **INDIAN FINANCE GUARANTY LTD.**

(CIN : U67120DL1992PLC206959)

Member : Multi Commodity Exchange of India Ltd. (MCX)  
SEBI Regn. No.: INZ000101139 • TM ID : 55895

**Registered Office :**

8/28, 2nd Floor, W.E.A., Abdul Aziz Road, Karol Bagh, New Delhi-110005

Phone : +91-11-40078000, 40078012/13, Fax : +91-11-40078006

E-mail : indianfinance@ifgl.info

Visit us at :

**[www.ifgl.info](http://www.ifgl.info)**

Investor Grievance : [cyberrajneesh@gmail.com](mailto:cyberrajneesh@gmail.com)