

MASTER COMMODITY SERVICES LTD
 CIN- U67120PB1991PLC011574
 Registered Office : SCO 19, Master Chambers, Feroze Gandhi Market, Ludhiana - 141 001
 Corporate Office : 1012, 10th Floor, Arunachal Building, 19, Barakhamba Road, New Delhi-110 001
 Ph. : + 91-8467884678, E-mail: helpdesk@myvaluetrade.com

Photograph

Please affix your recent
 passport size photograph

Signature Across it

A. OTHER DETAILS

I. GROSS ANNUAL INCOME DETAILS (Please Specify)

Income Range per annum <input type="checkbox"/> Below ₹ 1Lac <input type="checkbox"/> ₹ 1-5 Lac <input type="checkbox"/> ₹ 5-10 Lac <input type="checkbox"/> ₹ 10-25 Lac <input type="checkbox"/> More than ₹ 25 Lac	FOR INDIVIDUAL							
OR Networth Amount (₹) _____ as on <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> (Networth should not be older than 1 year)		D	D	M	M	Y	Y	Y
D	D	M	M	Y	Y	Y	Y	
Income Range per annum <input type="checkbox"/> Below ₹ 1Lac <input type="checkbox"/> ₹ 1-5 Lac <input type="checkbox"/> ₹ 5-10 Lac <input type="checkbox"/> ₹ 10-25 Lac <input type="checkbox"/> ₹ 25-1 Crore <input type="checkbox"/> More than ₹ 1 Crore	FOR NON-INDIVIDUAL							
Networth Amount (₹) _____ as on <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> (Networth should not be older than 1 year)		D	D	M	M	Y	Y	Y
D	D	M	M	Y	Y	Y	Y	

2. OCCUPATION

(Please tick any one and given brief details)	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business
	<input type="checkbox"/> Professional	<input type="checkbox"/> Farmer	<input type="checkbox"/> Others (Specify)	
	Brief Details			

3. Please tick, if applicable

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

4. Name, PAN residential address and photograph of Promoters/Partners/Karta/Trustees and whole time directors

If space is insufficient, enclose this details separately. [Illustrative format as per KYC Part-I]

If you have a landline connection, kindly provide the same

B. BANK ACCOUNT(S) DETAILS

Sr. No.	Bank Name	Branch Address & Pin Code	Type of Bank Account / A/c No.	MICR Code*
1.			<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others _____ No. _____	_____
2.			<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others _____ No. _____	_____

Note: Provide a copy of cancelled cheque leaf/passbook/bank statement specifying name of the client, MICR Code or/and IFSC Code of the Bank.


C. DEPOSITORY ACCOUNT(S) DETAILS, if available

S. No.	Depository Participant Name	Depository Name	Beneficiary Name	DP ID	Beneficiary ID (BO ID)
1.		<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL			
2.		<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.

S. No.	Name of the National Commodity Exchanges	Date of Consent for trading on concerned Exchange	Signature of the Client
1.	MCX		
2.	NCDEX		

[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 In Commodities _____ Yrs In other investment related fields _____ Yrs

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

Sales Tax	State	Registration Number	Validity Date
Local			
Other			
Central Sales Tax	N.A.		

G. VAT DETAILS (As applicable, State wise)

VAT	State	Registration Number	Validity Date
Local			
Other			

H. PAST ACTIONS

Details of any action/proceedings initiated/pending/ taken by FMC/ 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 Yes No

If yes, Mention Details.....

- 1.
- 2.
- 3.

I. DEALINGS THROUGH OTHER TRADING MEMBERS

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

Member's / AP's Name		Client Code	
Exchange		Exchange Regn. No.	
Concern Members Name with whom the AP is Registered			
Registered Office Address			
City/Town/Village		PIN Code	
State		Country	
Ph.	Fax	Email	Website
Details of disputes/dues pending from/to such Member/AP:			

J. INTRODUCER DETAILS (Optional)

Name of the Introducer	
Status of the Introducer	<input type="checkbox"/> Existing Client <input type="checkbox"/> Authorized Person <input type="checkbox"/> Others, please specify _____
Address of Introducer	City/Town/Village
	State
	Country
Phone No.	Signature of the Introducer
Client Code/Client ID (if Existing Client)	
PIN Code	

K. ADDITIONAL DETAILS

- ◆ Whether you wish to receive communication from Member in electronic form on your Email Id. Yes No
(if yes then please fill in Appendix - A)
- ◆ Whether you wish to avail of the facility of Internet Trading/Wireless Technology Yes No

L. NOMINATION DETAILS (For Individual Only)

<input type="checkbox"/> I/We do not wish to nominate.	
<input type="checkbox"/> I/We wish to nominate.	
Name of Nominee (in BLOCK LETTERS)	
Relationship with the Nominee	Date of Birth of Nominee
Address of Nominee	
	Pin Code
Phone No. of Nominee	PAN of Nominee
If Nominee is a minor, details of guardian :	
Name of Guardian	
Address of Guardian	
	Pin Code
Phone No. of Guardian	Signature of Guardian (if nominee is a minor)


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

Sr. No.	Name	Address	Signature
1.			
2.			

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 website.

Place : _____

Date : _____  Signature of Client / (all) Authorised Signatory/ies*

* Form need to be signed by all the authorised signatory/ies

FOR OFFICE USE ONLY

UCC Code allotted to the Client	
	Documents verified with Originals
Name of the Employee / AP*	
Employee Code	
Designation of the Employee / AP*	
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 for the information of the clients.

Signature of the Authorised Signatory

Date : _____

Seal/Stamp of the Member

* AP: Authorised Person