

**REPOSITORY PARTICIPANT NAME / ADDRESS / RP ID**

**CLIENT ID**

**ACCOUNT OPENING FORM FOR COMMODITY ACCOUNT**

**FOR NON-INDIVIDUALS**

(To be filled by the Repository Participant)

APPLICATION NO. *	DATE*	D	D	M	M	Y	Y	Y	Y
RP INTERNAL REFERENCE NO. *									

(To be filled by the applicant in **BLOCK LETTERS** in English)  
I/We request you to open a commodity account in my/ our name as per following details:-

**HOLDER DETAILS**

NAME OF FIRM / COMPANY\*

**TYPE OF ACCOUNT** (Please tick whichever is applicable)

<b>STATUS</b>		<b>SUB - STATUS</b> To be filled by the RP
<input type="checkbox"/> PROPRIETARY CONCERN <input type="checkbox"/> PARTNERSHIP FIRM <input type="checkbox"/> CORPORATE BODY <input type="checkbox"/> TRUST <input type="checkbox"/> SOCIETY <input type="checkbox"/> BANK <input type="checkbox"/> FPO <input type="checkbox"/> CLEARING MEMBER <input type="checkbox"/> TRADING MEMBER <input type="checkbox"/> CLEARING CORPORATE/CLEARING HOUSE <input type="checkbox"/> PROCESSOR <input type="checkbox"/> NBFC <input type="checkbox"/> NGO <input type="checkbox"/> OTHER (SPECIFY) _____		

CIN NO. (If Applicable)	EXCHANGE ID (If Applicable)	CC ID (If Applicable)
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CLEARING MEMBER ID (If Applicable)	TRADING MEMBER ID (If Applicable)
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<input type="checkbox"/> SEBI Registration No. <input type="checkbox"/> RBI Registration No. <input type="checkbox"/> WDR A Registration No. <input type="checkbox"/> PFRDA Registration No. <input type="checkbox"/> IRDA Registration No. <input type="checkbox"/> Others _____	Registration date	D	D	M	M	Y	Y	Y	Y
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Nationality\*  Indian    Others \_\_\_\_\_

REGISTERED ADDRESS\*

CITY\*  DISTRICT\*  PIN CODE\*

STATE\*  COUNTRY\*  CENSUS\*

STD1*	TEL NO. 1*	AADHAR No. *							
STD2	TEL NO. 2	PAN No.*							
ISD1*	MOBILE No 1*	INCORPORATION DATE*							
ISD2	MOBILE No 2	D	D	M	M	Y	Y	Y	Y
FAX No.									

EMAIL ID 1\*:  
EMAIL ID 2:  
EMAIL ID 3:

SAME AS PERMANENT ADDRESS

CORRESPONDENCE ADDRESS\*

CITY\*  DISTRICT\*  PIN CODE\*

STATE\*  COUNTRY\*  CENSUS\*

STD1*	TEL NO. 1*	AADHAR No. *							
STD2	TEL NO. 2	PAN No.*							
ISD1*	MOBILE No 1*	INCORPORATION DATE*							
ISD2	MOBILE No 2	D	D	M	M	Y	Y	Y	Y
FAX No.									

EMAIL ID 1\*:  
EMAIL ID 2:  
EMAIL ID 3:

**DISCLAIMER:**

Any change to be informed to Repository Participant within 7 days

I / We instruct the RP to receive each and every credit in my / our account (If not marked, the default option would be 'Yes')	[Automatic Credit] <input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to instruct the RP to accept all the pledge instructions in my /our account without any other further instruction from my/our end (If not marked, the default option would be 'No')	<input type="checkbox"/> Yes <input type="checkbox"/> No
Account Statement Requirement* (If not marked, the default option would be 'Electronic' and statement frequency would be 'Quarterly')	Statement Type: <input type="checkbox"/> Physical <input type="checkbox"/> Electronic Statement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annually

I/We request you to send electronic transaction-cum-holding statement at the email id provided above

**PROOF OF IDENTITY TO BE PROVIDED BY APPLICANT. PLEASE SUBMIT ANY ONE OF THE FOLLOWING DOCUMENTS & TICK (✓) AGAINST THE DOCUMENT ATTACHED.:**    PAN    UID (AADHAR)    ANY OTHER PROOF OF ADDRESS DOCUMENT (as listed in check list for filling KYC form)  
(Please specify)

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PROOF OF ADDRESS TO BE PROVIDED BY APPLICANT. PLEASE SUBMIT ANY ONE OF THE FOLLOWING DOCUMENTS & TICK (✓) AGAINST THE DOCUMENT ATTACHED.  \*LATEST BANK ACCOUNT STATEMENT  \*LATEST TELEPHONE BILL (ONLY LAND LINE)  \*LATEST ELECTRICITY BILL  \*REGISTERED LEASE/SALE AGREEMENT OF OFFICE PREMISES  ANY OTHER PROOF OF ADDRESS DOCUMENT (as listed in check list for filling KYC form) (Please specify) \_\_\_\_\_  
 \* Not more than 3 Months old.

BANK DETAILS											
BANK CODE * (9 DIFIT MICR CODE)											
IFS CODE * (11 CHARACTERS)											
ACCOUNT NUMBER*											
ACCOUNT TYPE	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Overdraft										
BANK NAME*											
BRANCH NAME											
BANK BRANCH ADDRESS											
CITY											
STATE											
PIN CODE											

OTHER DETAILS											
Gross Annual Income Details*	Net worth as on (Date)										
[Net worth should not be older than 1 year]											
Please tick If any of the authorized signatories / Promoters / Partners / Karta / Trustees / Whole Time Directors is either Politically Exposed Person (PEP) or Related to Politically Exposed Person (RPEP) <input type="checkbox"/> . Please provide details as per Annexure 2A.											
Any other information:											

Details of Authorized Representative for Deposit / Withdrawal*	
Authorized Representative Name (Specific person/s only)	Aadhar No.
Or - Anyone else <input type="checkbox"/> (To mark if opted to keep any other person not specified above)	
If anyone else tick box is not marked and Specific person/s field is left blank, it will be default anyone else)	

**DECLARATION**

We have received and read the Rights and Obligations document and terms & conditions and agree to abide by and be bound by the same and by the Bye Laws of CCRL as are in force from time to time. We declare that the particulars given by us above are true and to the best of our knowledge as on the date of making this application. We further agree that any false / misleading information given by us or suppression of any material information will render our account liable for termination and suitable action.

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

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

**Authorised Signatory**

Details of Promoters/Sole Proprietor/Partners/Karta/Trustees and whole time directors:

	Sole / First Authorised Signatory	Second Authorised Signatory	Third Authorised Signatory
Name*			
Designation*			
Pan or Aadhar Number *			
Residential /Registered Address*			
Contact No. *			
Email Id. *			
Relationship with Applicant (i.e. promoters, whole time directors etc.) *			
Signature*			
Photograph*	Please affix recent passport size photograph and sign across it	Please affix recent passport size photograph and sign across it	Please affix recent passport size photograph and sign across it

(Signature should be preferably in blue ink).

(In case of more authorised signatories, please add annexure)

Mode of Operation* <input type="checkbox"/> Singly <input type="checkbox"/> Jointly
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===== (Please Tear Here) =====

**Acknowledgement Receipt**

Application No.: \_\_\_\_\_

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

We hereby acknowledge the receipt of the Account Opening Application Form:

NAME OF FIRM / COMPANY: \_\_\_\_\_

**Repository Participant Seal and Signature**

## INSTRUCTIONS / CHECK LIST FOR FILLING KYC FORM

### A. IMPORTANT POINTS:-

1. Self attested copy of AADHAR cards is mandatory for all individual clients.
2. Copies of all the documents submitted by the applicant should be self –attested and accompanied by originals for verifications. 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. Non –resident and foreign nationals, (Not allowed to open Repository account as per WDR guideline.)
8. In case of Merchant Navy NRI'S Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
9. Minor, (Not allowed to open Repository account as per WDR guideline.)
10. Politically Exposed Person (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 , Seniors politicians, Senior Government /Judicial/Military officers, senior executives of the 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 a mandatory requirement for all applicants except those who are specifically exempt from obtaining PAN (listed in Section D).
2. Unique identification Number (UID) (Aadhar)/Passport/Voter ID card/Driving license.
3. Identity card/documents with applicant's photo, issued by any of the following: Central/State Government and its department , Statutory /Regulatory Authorities, Public sector undertakings, Scheduled commercial bank, Public Financial institutions, College affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, bar council etc .., to their members and credit cards/Debits 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 Office/Notary public/Elected representative to the Legislative assembly/Parliament/Documents issued by Govt. or Statutory Authority.
6. Identity Card/documents 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, and Colleges affiliated to universities and Professional Bodies such as ICAI, ICWAI, ICSI Bar council etc. to their members.
7. The proof of address in the name of the Spouse may be accepted.

### 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 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/filling tax returns in India.
4. SIP of Mutual Funds up to 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 Institutions as defined under section 4A of the companied 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 fixed on the copy).
2. In case of NRI'S authorized officials of overseas branches of a Scheduled Commercial Banks registered in Indian, notary Public, Court MAGISTARTE, 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 requirements
Corporate	• Copy of the balance sheets for the last 2 financial years (To be submitted every year )
	• Copy of the 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 certificated by the company secretary /whole time director /MD (to be submitted every year )
	• Photograph ,POL,POA,PAN and DIN numbers of whole time directors /two directors in charge of day to day operations
	• Photograph ,POL,POA,PAN of individual promoters holding control- either directly or indirectly
	• Copies of the Memorandum and Articles of association and certificate of incorporations
	• Copy of Board resolution for investment in securities market
Partnership Firms	• Authorized signatories list with specimen signatures
	• Copy of the Balance sheets for the last 2 financial years (To be submitted every year )
	• Certificate of registration (for registered partnership firms)
	• Copy of partnership deed
	• Authorized signatories list with specimen signatures
Trust	• Photograph ,POL,POA,PAN of partners
	• Copy of the Balance sheets for the last 2 financial years (To be submitted every year )
	• Certificate of registration (for registered Trust only).Copy of trust deed
	• List of trustees certified by managing trustees/CA
HUF	• Photograph ,POL,POA,PAN of trustees
	• Pan of HUF
	• Deed of declarations of HUF/List of coparceners
	• Bank pass book/Bank statement in the name of HUF
Unincorporated Association or a body of individuals	• Photograph ,POL,POA,PAN of Karta
	• Proof of existence /Constitution documents
	• Resolution of the managing body granted to transact business on its behalf
Bank/Institutional Investors	• Authorized signatories list with specimen signatures
	• Copy of the constitutions/registration or annual report/balance sheet for the last 2 financial years
Army/Government Bodies	• Self -Certification on letterhead
	• Authorized signatories list with specimen signatures
Registered Society	• Copy of registration certificate under societies registration act
	• List of Managing Committee members
	• Committee resolutions for persons authorised to act as authorised signatories with specimen signatures
	• True copy of society rules and byelaws certified by the chairman /Secretary

Please submit the KYC documents on A4 Size Paper Only.

**Details of Politically Exposed Persons (PEP)/ Related to Politically Exposed Person (RPEP). [For-non-individual]**

Name of holder \_\_\_\_\_ PAN of the holder \_\_\_\_\_

Sr. No.	Name of the Authorized signatories /Promoters /Partners / Karta/ Trustees /Whole Time Directors	Relation with the holder (i.e. promoters, whole time directors etc)	Please tick the relevant option.
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP

**Name & Signature of the Authorised Signatories** Date \_\_\_\_/\_\_\_\_/\_\_\_\_ **PEP:** Politically Exposed Person **RPEP:** Related to politically Exposed Person