

**FILE NO.**

Serial No. :

Date :

D	D	M	M	Y	Y	Y	Y
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Client Code :

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**For Office Use Only**

MCX

NCDEX

Client's Name : .....

Branch Name : .....

Branch Code : .....



[www.elitewealth.in](http://www.elitewealth.in)

# Elite Comtrade Private Limited

**MEMBER : MULTI COMMODITY EXCHANGE OF INDIA LTD.**

SEBI REGN. NO. : INZ000023331 • MCX MEMBERSHIP NO. : 12325

**MEMBER : NATIONAL COMMODITY AND DERIVATIVES EXCHANGE**

SEBI REGN. NO. : INZ000023331 • NCDEX MEMBERSHIP NO. : 01075

Regd. Office : S-8, DDA Shopping Complex, Mayur Vihar, Phase-I, Delhi-110091

Tel.: 011-43035555, 43035516-17, 42445757 • Fax : 011-22795783

## CLIENT REGISTRATION FORM

**IN PERSON VERIFICATION**

Name (Branch/AP) : \_\_\_\_\_

Employee Name : \_\_\_\_\_

Signature : \_\_\_\_\_

Date : 

D	D	M	M	Y	Y	Y	Y
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 Place : \_\_\_\_\_

Signature of Applicant : 

Client Signature

## Elite Comtrade Private Limited

Exchange Name	Membership Code	SEBI Regn. No.
MCX	12325	INZ000023331
NCDEX	01075	INZ000023331

**Regd. Office** : S-8, DDA Shopping Complex, Mayur Vihar, Phase-I, Delhi-110091  
Phone : +91-11-43035555, 43035516-517, 42445757 • Fax : +91-11-22795783  
E-mail : info@elitewealth.in • Website : www.elitewealth.in

### Compliance Officer's Details

Name : Paramvir Singh Virdi  
Phone No. : +91-11-43035516  
E-mail Id : compliance@elitewealth.in

### COO's Details

Name : Vikram Luthra  
Phone No. : +91-11-43035516  
E-mail Id : vikramluthra@elitewealth.in

For any grievance/dispute please contact **Elite Comtrade Private Limited** at the above address or email id- investorquery@elitewealth.in and Phone No. 011-43035555, 43035516-517. In case not satisfied with the response, please contact the concerned exchange(s) at :

Exchange Name	E-mail ID	Phone No.
MCX	info@mcxindia.com	022-66494000
NCDEX	askus@ncdex.com	022-66406789

### About Internet & Wireless Based Trading Facilities

Tick the mode of Trading

Web Trading                       Odin-Diet                       Offline Trading

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.



Client Signature

**ACKNOWLEDGEMENT TO ELITE COMTRADE PVT. LTD. FROM CLIENT**

To,

**Elite Comtrade Private Limited**


S-8, DDA Shopping Complex, Mayur Vihar Phase-1,  
Delhi-110091

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

I/We intends to open a Commodity Trading account with M/s. Elite Comtrade Pvt. Ltd. who is Member of MCX and NCDEX, undertakes as follows:

1. I/We have been duly aware by Member that client has a preference to receive the below referred documents either in electronic form or in physical form:
  - A. Right and Obligations of Member, Authorized Person and Clients.
  - B. Internet and Wireless technology based trading facility provided by Member to Clients.
  - C. Risk and Disclosure document for commodity market.
  - D. Guidance Note-Do's and Don'ts for trading on the Exchange(s) for Investors
  - E. Policies & Procedures
2. I/We am/are further aware by my/our Member that for receiving the above said documents in Electronic or Physical Form, I/We have to accord my/our consent.
3. Therefore, in reference to the above, I/We hereby voluntarily accord my/our consent to receive the aforesaid documents in:-
 

Electronic Form                       Physical Form
4. If I/We opted for the same in Electronic mode, then Member can sent said aforesaid documents at my registered email id.
5. I/We have been further aware by my/our Member that the aforesaid documents has also been available at the Member's website i.e. at [www.elitewealth.in](http://www.elitewealth.in)
6. I/We am/are aware that the non receipt of bounced mail notification by the Member shall amount to delivery of the aforesaid documents at my registered email id.
7. I/We hereby accord my/our consent to an arbitration agreement by virtue of which I/We shall refer all my/our claims, differences or disputes between us which might have arise out of my/our trading, deposits, margin money, etc. in relation to my/our dealings in contracts and transactions which have been made subject to the Bye-Laws, Rules and Regulations of the Exchange or with reference to anything incidental thereto or in pursuance thereof or relating to their validity, construction, interpretation, fulfillment or the rights, obligations and liabilities of the parties thereto and including any question of whether such dealings, transactions and contracts have entered into, to the arbitration in accordance with the provisions of these Byelaws, Rules and Regulations of the Exchanges.

   
Signature of Client

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

----- (Tear Here) -----

**RECEIPT OF PHYSICAL KIT**

To,


**Elite Comtrade Private Limited**

S-8, DDA Shopping Complex, Mayur Vihar Phase-1,  
Delhi-110091

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

I/We hereby confirm that I/We have received a copy of following documents:

- A. Right and Obligations of Member, Authorized Person and Clients.
- B. Internet and Wireless technology based trading facility provided by Member to Clients.
- C. Risk and Disclosure document for commodity market.
- D. Guidance Note-Do's and Don'ts for trading on the Exchange(s) for Investors
- E. Policies & Procedures
- F. Other disclosure/ documents as agreed by me/us specifically in voluntary segment.

   
Signature of Client

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

----- (Tear Here) -----

## ACCOUNT OPENING KIT

### INDEX OF DOCUMENTS

S. No.		Brief Significance of the Document	Page No.
<b>MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI &amp; EXCHANGES</b>			
1.	KYC (Account Opening) application form	KYC form - Document captures the basic information about the constituent and an instruction/check list.	1-11
2.	Uniform Risk Disclosure Document (RDD)	Document detailing risks associated with dealing in the commodities market.	Given to the 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	Document detailing do's and don'ts for trading on exchange, for the education of the investors.	
5.	Policies & Procedures	Contains guidelines stipulated by Member with respect to dealing with clients	
6.	Undertaking for Not Exceeding Position Clients - NCDEX/MCX	Undertaking	12
7.	Disclosure of Proprietary Trading	Disclosure of Proprietary Trading and "Pro-Account" Trading Terminal	12

### VOLUNTARY DOCUMENTS AS PROVIDED BY THE MEMBER \*

8.	Running Account Authorisation	Authorisation	13
9.	Letter of Authority	Authorisation to Member	14
10.	Electronic Contract Note [ECN]	Declaration	15
11.	Declaration for Name Mismatch	Declaration	16
12.	Declaration By HUF	Declaration	16
13.	FATCA & CRS Declaration	FATCA & CRS Declaration for Individual & Non-Individual	17-19
14.	Format of Board Resolution	Format	20

\*Following documents should not form part of either mandatory or Voluntary documents:

- 1) Authorization letter for any inter family / group company / related accounts adjustment
- 2) Authorization of adjustment of funds among securities exchange and commodities exchange

## TARIFF SHEET

	MCX			NCDEX		
	NORMAL	PER LOT	MINIMUM PER LOT	NORMAL	PER LOT	MINIMUM PER LOT
<b>Future - Delivery</b>						
<b>Future - Non Delivery</b>						
<b>Options</b>						

**NOTE :**

1. CTT, Transaction charges, Stamp Duty, GST, Clearing Member Charges and all legal levies as may be applicable from time to time shall be charged separately in addition to the brokerage.
2. If any cost (Courier, DP charges etc.) is incurred on the behalf of client, same shall be recovered from the client's trading account on actual basis.
3. In case of overdue debit balance in client's account, member reserves the right to debit delay payment charge upto 2% p.m. to the client's account.
4. In case Diet ID has been provided to the client a ID Charge @ \_\_\_\_\_ % of turnover or Rs \_\_\_\_\_ /- per month per segment shall be charged extra.
5. Charges/ service standards are subject to revision at sole discretion of Elite Comtrade Private Limited.
6. Charges quoted above are for the services listed. Any service not quoted above will be charged separately.
7. Minimum Service Charge for trading day will be Rs. 15/-.



Client Signature

## INSTRUCTIONS/CHECK LIST FOR FILLING KYC FORM

### A. IMPORTANT POINTS:

1. Self attested copy of PAN card is mandatory for all clients, including Promoters/Partners/Karta/Trustees and whole time directors and persons authorized to deal in commodity derivatives on behalf of company/firm/others.
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 regional 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 FIPB/FEMA guidelines and other applicable statutory approvals), 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 along with other statutory approvals required for investment in commodities.
10. 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. Unique Identification Number (UID) (Aadhaar)/ Passport/ Voter ID card/ Driving license.
2. PAN card with photograph.
3. Identity card 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:

(Note: 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. 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.
5. 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.
6. The proof of address in the name of the spouse may be accepted.

### D. Exemptions to PAN

(Note: Sufficient documentary evidence in support of such claims to be collected.)

1. 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 (subject to the continued exemption granted by Government).

### 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:**

Type of Entity	Documentary Requirements
<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 commodity market.</li> <li>• Copy of Board Resolution or declaration (on the letterhead) naming the persons authorized to deal in commodity derivatives on behalf of company/firm/others and their 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).</li> <li>• 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 &amp; 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>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>

**DOCKET - A**



**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"/> DD - <input type="text"/> MM - <input type="text"/> YYYY			
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"/> <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"/> O-Others ( <input type="checkbox"/> Professional		<input type="checkbox"/> Government Sector)	
	<input type="checkbox"/> B-Business		<input type="checkbox"/> Self Employed	
	<input type="checkbox"/> X- Not Categorised		<input type="checkbox"/> Retired	
			<input type="checkbox"/> Housewife	
			<input type="checkbox"/> Student	

**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"/> DD - <input type="text"/> MM - <input type="text"/> YYYY
<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"/> DD - <input type="text"/> MM - <input type="text"/> YYYY
<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]

Date : -- Place :

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received  Certified Copies  IPV Done

KYC / IN-PERSON VERIFICATION CARRIED OUT BY

Date  Place   
Emp. Name   
Emp. Code   
Emp. Designation   
Emp. Branch   
[Employee Signature]

INSTITUTION DETAILS

Name **Elite Comtrade Private Limited**  
Code   
[Institution Stamp]

**ANNEXURE 1 (PART - 1)**



**KNOW YOUR CLIENT (KYC) Application Form - For Non Individual**

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.**

<b>A</b>	<b>IDENTITY DETAILS</b>	<b>PHOTOGRAPH</b>  Please affix your recent passport size photograph and sign across it
<input type="checkbox"/>	1. Name of the Applicant _____	
<input type="checkbox"/>	2a. Date of Incorporation _____ 2b. Place of Incorporation _____	
<input type="checkbox"/>	3. Date of commencement of business _____	
<input type="checkbox"/>	4a. Permanent Account Number (PAN) _____	
<input type="checkbox"/>	4b. Registration No. (e.g. CIN) _____	
<input type="checkbox"/>	5. Status (Please tick any one)	
	<input type="checkbox"/> Private Limited Co. <input type="checkbox"/> Public Ltd. Co. <input type="checkbox"/> Body Corporate <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Charities <input type="checkbox"/> NGO's <input type="checkbox"/> FI <input type="checkbox"/> FII <input type="checkbox"/> HUF <input type="checkbox"/> AOP <input type="checkbox"/> Bank <input type="checkbox"/> Government Body <input type="checkbox"/> Non-Govt. Organization <input type="checkbox"/> Defense Establishment <input type="checkbox"/> BOI <input type="checkbox"/> Society <input type="checkbox"/> LLP <input type="checkbox"/> FPI - Category I <input type="checkbox"/> FPI - Category II <input type="checkbox"/> FPI - Category III <input type="checkbox"/> Others (Please specify)	

<b>B</b>	<b>ADDRESS DETAILS</b>
<input type="checkbox"/>	1. Address for Correspondence _____ City / Town / Village _____ Pin Code _____ State _____ Country _____
<input type="checkbox"/>	2. Specify the Proof of Address submitted for Correspondence Address: _____
<input type="checkbox"/>	3. Contact Details
	Tel. (Off.) _____ Fax _____ Tel. (Res.) _____ Mobile No _____ E-Mail Id. _____
<input type="checkbox"/>	4. Registered Address (If different from above) _____ City / Town / Village _____ Pin Code _____ State _____ Country _____

<b>C</b>	<b>OTHER DETAILS</b> If space is insufficient, enclosed these details separately (illustrative format enclosed)
<input type="checkbox"/>	1. Name, PAN, Residential Address and photographs of Promoters/Partners/Karta/Trustees and whole time directors : _____
<input type="checkbox"/>	2a. DIN OF Whole time directors : _____
<input type="checkbox"/>	2b. AADHAR number of Promoters/Partners/Karta : _____

<b>D</b>	<b>DECLARATION</b>
I/We hereby declare that the details furnished above are true and correct to the best of my/our 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/ We are aware that I/we may be held liable for it.	
Date _____	Name & Signature of the Director/Authorised Signatory(ies)

<b>FOR OFFICE USE ONLY</b>	
<b>In Person Verification (IPV) Details:</b> Name of the person who has done the IPV: _____ Designation: _____ Employee ID: _____ Name of the Organization: <b>Elite Comtrade Private Limited</b> Date of IPV: _____ Signature of the person who has done the IPV _____	Seal/Stamp of the Intermediary
<input type="checkbox"/> Originals Verified & Self Attested Document copies received	
Date _____ Place : _____	Name & 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**



www.elitewealth.in

<p>1. Name _____</p> <p>2. Relationship with Applicant (i.e. promoters, whole time directors etc.) _____</p> <p>3a. PAN _____ 3b. DIN _____</p> <p>3c. Aadhaar (UID) Number _____</p> <p>4. Residential/ Registered Address _____</p> <p>_____</p> <p>City / Town / Village _____ Pin Code _____</p> <p>State _____ Country _____</p>	<p><b>PHOTOGRAPH</b></p> <p>Please affix your recent passport size photograph and sign across it</p>
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<p>1. Name _____</p> <p>2. Relationship with Applicant (i.e. promoters, whole time directors etc.) _____</p> <p>3a. PAN _____ 3b. DIN _____</p> <p>3c. Aadhaar (UID) Number _____</p> <p>4. Residential/ Registered Address _____</p> <p>_____</p> <p>City / Town / Village _____ Pin Code _____</p> <p>State _____ Country _____</p>	<p><b>PHOTOGRAPH</b></p> <p>Please affix your recent passport size photograph and sign across it</p>
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<p>1. Name _____</p> <p>2. Relationship with Applicant (i.e. promoters, whole time directors etc.) _____</p> <p>3a. PAN _____ 3b. DIN _____</p> <p>3c. Aadhaar (UID) Number _____</p> <p>4. Residential/ Registered Address _____</p> <p>_____</p> <p>City / Town / Village _____ Pin Code _____</p> <p>State _____ Country _____</p>	<p><b>PHOTOGRAPH</b></p> <p>Please affix your recent passport size photograph and sign across it</p>
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<p>1. Name _____</p> <p>2. Relationship with Applicant (i.e. promoters, whole time directors etc.) _____</p> <p>3a. PAN _____ 3b. DIN _____</p> <p>3c. Aadhaar (UID) Number _____</p> <p>4. Residential/ Registered Address _____</p> <p>_____</p> <p>City / Town / Village _____ Pin Code _____</p> <p>State _____ Country _____</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 _____ 3b. DIN _____</p> <p>3c. Aadhaar (UID) Number _____</p> <p>4. Residential/ Registered Address _____</p> <p>_____</p> <p>City / Town / Village _____ Pin Code _____</p> <p>State _____ Country _____</p>	<p><b>PHOTOGRAPH</b></p> <p>Please affix your recent passport size photograph and sign across it</p>
---	--

Name & Signature of the Authorised Signatory (ies)

Date :



### 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 during the last 3 years : \_\_\_\_\_

\_\_\_\_\_

### H. DEALINGS THROUGH OTHER MEMBERS

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

Member's / Authorized Person (AP)'s Name : \_\_\_\_\_

Exchange : \_\_\_\_\_

Exchange's Registration number : \_\_\_\_\_

Concerned Member's Name with whom the AP is registered : \_\_\_\_\_

Registered office address : \_\_\_\_\_

Ph : \_\_\_\_\_ Fax : \_\_\_\_\_

Email : \_\_\_\_\_ Website : \_\_\_\_\_

Client Code :

Details of disputes/dues pending from/to such Member/AP : \_\_\_\_\_

\_\_\_\_\_

### I. INTRODUCER DETAILS (optional)

Name of the Introducer : \_\_\_\_\_

Status of the Introducer :  Authorized Person  Existing Client  Others, please specify \_\_\_\_\_

Address and phone no. of the Introducer : \_\_\_\_\_

Signature of the Introducer \_\_\_\_\_

### J. 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 }

**K. NOMINATION DETAILS**

**I/We wish to nominate 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 phone no. of the Nominee : \_\_\_\_\_

**If Nominee is a minor**, details of guardian:

Name of guardian : \_\_\_\_\_

Address and phone no. of Guardian : \_\_\_\_\_

Signature of guardian \_\_\_\_\_

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

Name \_\_\_\_\_ Name \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_


Address \_\_\_\_\_ Address \_\_\_\_\_

**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.

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

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



Signature of Client

**FOR OFFICE USE ONLY**

UCC Code allotted to the Client :

	Documents verified with Originals
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, if any, for the information of the clients.

**Signature of the Authorised Signatory**

Date .....

Seal/Stamp of the Member

**ANNEXURE 1 (PART - II)**

Please fill this form in **ENGLISH** and in **BLOCK LETTERS**.

**FOR NON-INDIVIDUALS**

Please affix the passport size photograph and sign across it

**A. OTHER DETAILS**

**Gross Annual Income Details (please specify):** Income Range per annum :

Below ₹1 Lac     ₹ 1-5 Lac     ₹ 5-10 Lac     ₹ 10-25 Lac     ₹ 25 Lacs-1 crore     Above ₹ 1 crore

Net-worth as on (date)  \_\_\_\_\_ (\*Net worth should not be older than 1 year)

Name, PAN, residential address and photographs of Promoters / Partners / Karta /Trustees and whole time directors

Name (1) : .....

PAN :

Residential : .....

City/Town/Village : ..... Pin Code :

State : ..... Country : .....

DIN/UID : .....

Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/whole time directors:

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

Any other Information : .....

Please affix the passport size photograph and sign across it

Name (2) : .....

PAN :

Residential : .....

City/Town/Village : ..... Pin Code :

State : ..... Country : .....

DIN/UID : .....

Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/whole time directors:

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

Any other Information : .....

# If you have a landline connection, kindly provide the same

Please affix the passport size photograph and sign across it

Name (3) : .....

PAN :

Residential : .....

City/Town/Village : ..... Pin Code :

State : ..... Country : .....

DIN/UID : .....

Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/whole time directors:

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

Any other Information : .....

# If you have a landline connection, kindly provide the same

Please affix the passport size photograph and sign across it



Name (4) : .....

PAN : 

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

Residential : .....

City/Town/Village : ..... Pin Code : 

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

State : ..... Country : .....

DIN/UID : .....

Please affix the passport size photograph and sign across it

Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/whole time directors:

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

Any other Information : .....

# If you have a landline connection, kindly provide the same

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

Bank Name : .....

Branch address : .....

Bank account no. : .....

Account Type :  Saving       Current       Others

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.

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

Depository Participant Name : .....

Depository Name       NSDL      DP ID 

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

      BO ID 

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

CDSL      DP ID 

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

      BO ID 

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

Beneficiary name : .....

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.

Exchange	Segment	Date of Consent for trading on concerned Exchange	Signature of the Client
MCX	Commodity Derivatives		
NCDEX	Commodity Derivatives		

[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 during the last 3 years : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**H. DEALINGS THROUGH OTHER MEMBERS**

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

Member's / Authorized Person (AP)'s Name : \_\_\_\_\_  
Exchange : \_\_\_\_\_  
Exchange's Registration number : \_\_\_\_\_  
Concerned Member's Name with whom the AP is registered : \_\_\_\_\_  
Registered office address : \_\_\_\_\_  
Ph : \_\_\_\_\_ Fax : \_\_\_\_\_  
Email : \_\_\_\_\_ Website : \_\_\_\_\_  
Client Code : 

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

Details of disputes/dues pending from/to such Member/AP : \_\_\_\_\_  
\_\_\_\_\_

**I. INTRODUCER DETAILS (optional)**

Name of the Introducer : \_\_\_\_\_  
Status of the Introducer :  Authorized Person     Existing Client     Others, please specify \_\_\_\_\_  
Address and phone no. of the Introducer : \_\_\_\_\_  
Signature of the Introducer \_\_\_\_\_



**J. 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}

**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 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.
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.


Signature of (all) Authorized Signatory (ies)\*

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

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

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

**FOR OFFICE USE ONLY**

UCC Code allotted to the Client :

	Documents verified with Originals
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, if any, for the information of the clients.

Signature of the Authorised Signatory

Date .....

Seal/Stamp of the Member

**UNDERTAKING FOR NOT EXCEEDING POSITION CLIENTS - MCX / NCDEX**

To,  
**Elite Comtrade Private Limited**  
S-8, DDA Shopping Complex, Mayur Vihar,  
Phase-I, Delhi-110091

**SUB: MY/OUR REQUEST FOR TRADING IN COMMODITY FORWARD CONTRACTS/  
COMMODITY DERIVATIVES ON MCX/NCDEX AS YOUR CLIENT**

I/ We, .....an Individual/ Sole Proprietor/ Partnership Firm/ Company registered/ incorporated, under the provisions of the Indian Partnership Act, 1932/ The Companies Act, 1956 having his/her/ its Office/ Residence at .....with Client code .....do hereby confirm that I/ We am/are /was/were doing trading with other member of MCX/NCDEX the details of my client code and member Id where I am / was trading are as under:-

Client Code ..... Member Id .....

I/ We, also undertake that I/ We am/are /was/were not violating and undertake that we will not violate open interest limit of prescribed by FMC / Exchange from time to time and the limit calculated as per guidelines for calculation of net open position limit as per guidelines for calculation of net open position limit as per circular No. MCX/ 338/ 2006 dated August 21, 2006, MCX / 541/2006 dated December 7, 2006 and circular No. NCDEX/TRADING-114/ 2006/247 dated September 28, 2006 and modified thereafter from time to time.

I/ We also confirm that my/our account (with client code.....) in your Company may be debited with the amount of penalty imposed by MCX/NCDEX for violating of norms of open position limits whenever any consequences arises.

   
Client Signature

Client Name:.....

Client Code:.....

Individual/Partner/Director/Karta/Trustee\*  
\* Strike off which is not applicable

**DISCLOSURE OF PROPRIETARY TRADING AND "PRO-ACCOUNT" TRADING TERMINAL**

Dear Sir/Mam,

Under instruction of SEBI, The Multi Commodity Exchange of India Ltd (MCX) / National Commodity & Derivatives Exchange Limited (NCDEX) has directed all its members to inform their clients whether they engage in proprietary trading in this regard we wish to inform you that we do engage in proprietary trading in the Commodity segment of MCX and NCDEX.

Kindly take note of the above and oblige.

Thanking You

For **Elite Comtrade Pvt. Ltd.**

Authorised Signatory / Director

I/We have read the above letter

   
Client Signature

**DOCKET - B**

## RUNNING ACCOUNT AUTHORISATION

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

To,  
**Elite Comtrade Private Limited**  
S-8, DDA Shopping Complex, Mayur Vihar,  
Phase-I, Delhi-110091

I/We are dealing through you as a client in Commodity Segment (MCX, NCDEX) 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 & retain the credit balance in any of my/our account and to use the unused funds towards my/our margin/fund pay-in/other future obligation(s) at 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 with you for my/our margin/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 fund and securities account  
 Once in every calender quarter or  Once in a calender month

or such other higher period as allowed by SEBI/Exchange time to time except the funds given towards collaterals/margin in form of Bank Guarantee and/or Fixed Deposit Receipt, As per SE / Cir-19/2009 dated December 3, 2009.

I/We further authorise you to retain requisite fund and securities towards any future margin/settlement obligation and such other minimum retention computed in the manner prescribed by exchange/SEBI from time to time.

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 margin obligations for next 3 trading days, calculated in the manner specified by the exchanges.
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 or statement of account or statement related to it, as the case may be at your registered office.

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

Thanking you  
Yours faithfully,



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

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

## LETTER OF AUTHORITY

To,  
**Elite Comtrade Private Limited**  
S-8, DDA Shopping Complex, Mayur Vihar, Phase-I, Delhi-110091

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

Sub : **Letter of Authority - MCX, NCDEX**

I/We/am/are dealing in commodities with you at MCX, NCDEX in order to facilitate ease of operations. We authorize you as under :

**1. Set off of outstanding:**

I/We authorize you to set off outstanding in any of my/our accounts against credits available or arising in any other accounts maintained with you irrespective of the fact that such credits in the accounts may pertain to transactions in any segment of the Exchange and / or against the value of cash margin or collateral shares provided to you by me / us.

**2. Delivery of order/ trade confirmation/ cancellation:**

I/We hereby authorize you not to provide me / us order confirmation / Modification / Cancellation Slips and Trade Confirmation slips to avoid unnecessary paper work. I/we shall get the required details from contract notes and confirmation issued by you.

**3. Authorization to Use Margin:**

I hereby authorize you to keep all the securities which we give you in margin, to use the securities for meeting margin / other obligation in stock exchange in whatever manner which may include pledging of shares in favour of bank and/or taking loan against the same for meeting margin/pay-in obligation on our behalf or for giving the same as margin to the Stock Exchange or otherwise. I further authorize the stock broker as per the requirement of FMC/Vide/Letter No.1/2/2012/IR-I/CLIENT-PROTECT/(FMC/4/2012/C/14) Dated February 02, 2012 that in case of any outstanding obligations on the settlement date, the stock broker may retain the requisite securities/funds towards such obligations and may also retain the funds expected to be required to meet margin obligations for next 3 trading days, calculated in the manner specified by the exchanges.

**4. Telephonic Conversation:**

I/We request you to consider my/our telephonic instructions for order placing/order modification/order cancellation as a written instruction and give us all the confirmation on telephone unless instructed otherwise in writing. I/We am/are getting required details from contracts issued by you.

**5. Electronic Mode of delivery:**

I/We request that you may send/ Dispatch me contract notes other documents through E-mail, on my designated E-mail address of..... I/We stress that I/we will not hold you responsible under any circumstances in the event of an E-mail which you send gets bounced due to any reason such as mail box being full, inactive account or due to any technical reason beyond your control.

**6. Log Report:**

I/We will completely rely on the log reports of your dispatching software as a conclusive proof of dispatch of E-mail to me and will not dispute the same.

**7. Change in E-mail Id:**

I/We will inform you any change in my E-mail, if any, in future, in physical mode by regd. post or by hand delivery and through a digitally signed E-mail.

**8. Hold of funds Pay outs:**

I/We am/are agreeable for & authorise you to with hold funds pay-out towards all the applicable margins and debits.

**9. Fines & Penalties:**

All fines/penalties and charges levied upon you due to my acts / deeds or transactions may be recovered by you from my account.

\* Strike off the clauses not relevant to you.

Thanking you,

Yours faithfully,



Client Signature

## (VOLUNTARY)

To,

**Elite Comtrade Private Limited**S-8, DDA Shopping Complex, Mayur Vihar,  
Phase-I, Delhi-110091

Dear Sir,

I \_\_\_\_\_ a client with M/S. **ELITE COMTRADE PRIVATE LIMITED** member 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.
- This authorization provided by me shall continue and remain valid until revoked by me by giving a notice in writing.

**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 : \_\_\_\_\_




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

Verification of the client signature done by,

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

Signature \_\_\_\_\_



**DECLARATION FOR NAME MISMATCH**

To,  
**Elite Comtrade Private Limited**  
S-8, DDA Shopping Complex, Mayur Vihar, Phase-I, Delhi-110091

Date : .....

**Sub: Self Declaration with reference to Name in PAN and other documents**

Dear Sir/Madam,

I wish to open a trading-account with Elite Comtrade Private Limited and for the same purpose, have signed and delivered an account opening form to Elite Comtrade Private Limited. I understand that there is a mismatch between my actual name (for which I have given relevant documents) and the name appearing on my PAN Card (copy of which is given to Elite Comtrade Private Limited along with account opening form).

With regards to the same, I undertake to state that I, \_\_\_\_\_

And \_\_\_\_\_ (Name appearing on PAN card) am/are one & the same person and that I request Elite Comtrade Private Limited to open my trading account in the name appearing as per my submitted PAN.

I will be solely responsible for any consequences arising out of the difference in my name in my PAN, Income tax web-site and other supporting documents provided by me at the time of opening the account.

Regards



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

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

**DECLARATION BY HUF**

To,  
**Elite Comtrade Private Limited**  
S-8, DDA Shopping Complex, Mayur Vihar, Phase-I, Delhi-110091

As our HUF firm wishes to open an account with you Elite Comtrade Pvt. Ltd. in the said name ..... we beg to say that the first signatory to this letter, i.e., ..... is the Karta of the Joint Family and other signatories are the adult co-parceners of the said family.

We further confirm that the business of the said joint family is carried on mainly by the said Karta as also by the other signatories hereto in the interest and for the benefit of the entire body of co-parceners of the joint family. We all undertake that claims due to the Elite Comtrade Pvt. Ltd. from the said family shall be recoverable personally from all or any of us and also for the entire family properties of which the first signatory is the Karta, including the share of minor co-parceners.

In view of the fact that ours is not a firm governed by the Indian Partnership Act of 1952, we have not got our said firm registered under the said Act.

We hereby undertake to inform the Elite Comtrade Pvt. Ltd. of the death or birth of a co-parcener of any change occurring at any time in the membership of our joint family during the currency of the account.

Name & signature of Karta

Name..... Signature.....

**Name & Signature of Adult Co-parceners (Use Annexure for additional Members)**

S. No.	Name	PAN	Signature.....
1.	.....	.....	Signature.....
2.	.....	.....	Signature.....
3.	.....	.....	Signature.....
4.	.....	.....	Signature.....

**Name & Date of Birth of Minor-Co-parceners**

S. No.	Name	Signature
1.	.....	Signature.....
2.	.....	Signature.....
3.	.....	Signature.....
4.	.....	Signature.....





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 <sup>6</sup>			
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>6</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 Elite Comtrade Private Limited 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

Sign here : 

Date :

Place :

For Investor convenience, Elite Comtrade Private Limited collecting this mandatory information for updating across all Group Companies of Elite Comtrade Private Limited 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 Elite Comtrade Private Limited branch or you can dispatch the hard copy to-

**Elite Comtrade Private Limited**  
**S-8, DDA Shopping Complex,**  
**Mayur Vihar Phase-I, Delhi-110091**

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

**FORMAT OF BOARD RESOLUTION**

CERTIFIED TRUE COPY OF THE RESOLUTION - PASSED IN THE BOARD MEETING OF .....LTD.  
HAVING REGISTERED OFFICE AT ..... HELD ON.....DAY OF.....  
20.....AT .....A.M./P.M. ....

RESOLVED THAT the Company is empowered to deal with Elite Comtrade Private Limited., Member of The Multi Commodity Exchange Limited (MCX), Member of National Commodity & Derivatives Exchange Ltd. (NCDEX) in Commodity Segment.

Resolved further that in pursuance of the same the company do enter into an agreement with Elite Comtrade Private Limited Member of (MCX/NCDEX) and the said Trading Member be and is hereby authorised to honor instructions, oral or written, given on behalf of the company by any of the under noted authorised signatories:

	Name	Designation	Specimen Signature
1.			
2.			
3.			

Who are authorised to sell, purchase, transfer, endorse, negotiate and/ or otherwise deal through Elite Comtrade Private Limited, on behalf, of the Company.

RESOLVED FURTHER THAT Mr. ....and/or Mr. .... Directors  
and/or Mr. .... authorized Signatory of the Company be and are hereby jointly and/ or

severally authorised to sign, execute and submit such forms, applications, undertakings, agreements and other requisite documents, writings and deeds as may be deemed necessary or expedient to give effect to this resolution.

RESOLVED FURTHER THAT, the Common Seal of the Company be affixed, wherever necessary, in the presence of any Directors or of anyone Director and Company Secretary, who shall sign the same in token of their presence.”

For .....Ltd.

Chairman / Company Secretary

Instruction: Please put Common Seal of the Company

FORMAT OF BOARD RESOLUTION IN CASE OF CORPORATES

**DECLARATION BY SALES PERSON / AUTHORISED PERSON (For the use of Elite only)**

**FOR OFFICE USE ONLY**

To,  
**Elite Comtrade Private Limited**  
S-8, DDA Shopping Complex, Mayur Vihar,  
Phase-I, Delhi-110091

Dear Sir,

This is in reference to the trading account under consideration in the name of.....  
R/o..... I  
declare that I have met the above captioned person personally & have verified copy of about mentioned KYC with original, which is enclosed  
with account opening form & I also certify that client has signed and executed the form, stamp papers with enclosures in my presence.

The following KYC documents are checked and verified from the original documents :

- 1.....
- 2.....
- 3.....
- 4.....
- 5.....
- 6.....
- 7.....

Date of verification of documents : \_\_\_\_\_

The above statement is true and correct and made under my own free mind without any coercion, misrepresentation or fraud.

Name of the person :

Signature :

Employee / Authorised person

## 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)	E-mail ID		
c)	Mobile No.		
d)	Signature of Client on all pages and wherever necessary (Witness wherever required) <input type="checkbox"/>		
e)	Signature Checked and Verified.		
f)	Photograph (duly signed) <input type="checkbox"/>		
g)	A copy of PAN Card (Self Attested) <input type="checkbox"/>		
h)	Address Proof (Self Attested) <input type="checkbox"/>		
i)	Bank Proof containing Client Name (Self Attested) <input type="checkbox"/>		
j)	Stamp Paper : <input type="checkbox"/>		
k)	Exchange given : <input type="checkbox"/> MCX <input type="checkbox"/> NCDEX		
<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 <input type="checkbox"/> NCDEX <span style="margin-left: 100px;"><input type="checkbox"/> ENTERED IN FORM DATA</span>		
<b>6.</b>	<b>INTERNET TRADING</b> <input type="checkbox"/> Odin Diet <span style="margin-left: 100px;"><input type="checkbox"/> Web Trading</span>		
<b>7.</b>	<b>Client Account Status Report issued by</b>		
<b>8.</b>	<b>Form Returned to Compliance by</b> _____ Date : _____ Time : _____		
<b>9.</b>	<b>Kit Dispatched on</b> _____ (Date) _____ Pod No. _____		



[www.elitewealth.in](http://www.elitewealth.in)

# Elite Comtrade Private Limited

**MEMBER : MULTI COMMODITY EXCHANGE OF INDIA LTD.**

SEBI REGN. NO. : INZ000023331 • MCX MEMBERSHIP NO. : 12325

**MEMBER : NATIONAL COMMODITY AND DERIVATIVES EXCHANGE**

SEBI REGN. NO. : INZ000023331 • NCDEX MEMBERSHIP NO. : 01075

REGD. OFFICE : S-8, DDA SHOPPING COMPLEX, MAYUR VIHAR, PHASE-I, DELHI-110091  
TEL.: 011-43035555, 43035516-17, 42445757 • FAX : 011-22795783