

Client Registration Form

Application No.

INDIVIDUAL / HUF / CORPORATE / PARTNERSHIP FIRM



ISHAAN METALS PVT. LTD.

MEMBER : NCDEX & MCX

Client Name :

Client Code :



ISHAAN METALS PVT. LTD.

CIN : U74999DL2003PTC122642

MEMBER

National Commodity & Derivatives Exchange Ltd. (NCDEX) (Membership No.: 00408)
Multi Commodity Exchange of India Ltd. (MCX) (Membership No.: 16390)

SEBI Regn. No.: INZ000036931

Regd. Office :

39-A, Double Storey, Main Road, Malkaganj, Delhi-110007 (INDIA)
Phone : 011-47890000 • Telefax : 91-11-23856053
E-mail : info@ishaanmetals.com

Director's Detail

Mr. Anshul Gupta
Ph.: 011-47890024
Email : info@ishaanmetals.com

Mr. Vikas Singhal
Ph.: 011-47890002
Email : info@ishaanmetals.com

Compliance Officer

Mr. Anshul Gupta
Ph.: 011-47890024
Email : info@ishaanmetals.com

For any grievance/dispute please contact **ISHAAN METALS PVT. LTD.** at the above address or email id- info@ishaanmetals.com and Phone No. +91-11-47890000. In case not satisfied with the response, please contact the concerned exchange(s) at (NCDEX) askus@ncdex.com in and Phone No. +91-22-66406084, (MCX) grievance@mcxindia.com and Phone No. +91-22-67318888

ACKNOWLEDGEMENT TO ISHAAN METALS PVT. LTD. FROM CLIENT

To,

ISHAAN METALS PVT. LTD.

Date: _____

Member : NCDEX & MCX

Regd. Office : 39-A, Double Storey, Main Road, Malkaganj, Delhi-110007 (India)

I/We intends to open a Commodity Trading account with M/s. Ishaan Metals 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.ishaanmetals.com
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.

1 

Client Name: _____

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

RECEIPT OF PHYSICAL KIT

To,

ISHAAN METALS PVT. LTD.

Date: _____

Member : NCDEX & MCX

Regd. Office : 39-A, Double Storey, Main Road, Malkaganj, Delhi-110007 (India)

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.

2 

Client Name: _____

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

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MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI & EXCHANGES

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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.	Guidance Note-Do's and Don'ts for the clients	Guidance Note for dealing in commodities market.	
5.	Policies and Procedures	Policies and Procedures	
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S.No.	Name of the Document	Brief Significance of the Document	Page No.
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MANDATORY DOCUMENTS

ANNEXURE 1 (PART - I)

KNOW YOUR CLIENT (KYC) Application Form - For 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 _____
2. Father's / Spouse Name _____
- 3a. Gender Male Female 3b. Marital status Single Married 3c. Date of Birth
- 4a. Nationality Indian Other (Please specify) _____
- 4b. Status Resident Individual Non Resident Foreign National
- 5a. Permanent Account Number (PAN)
- 5b. Unique Identification Number (UID) / Aadhaar, if any: _____
6. Specify Proof of Identity submitted PAN card Other (Please specify) _____

PHOTOGRAPH

Please affix
your recent passport
size photograph and
sign across it

B ADDRESS DETAILS

1. Residence / Correspondence Address _____

City / Town / Village _____ Pin Code _____
State _____ Country _____
2. Specify the Proof of Address submitted for Residence / Correspondence Address: _____
3. Contact Details
Tel. (Off.) _____ Fax _____
Tel. (Res.) _____ Mobile No _____
E-Mail Id. _____
4. Permanent Address (If different from above or overseas address, mandatory for Non-Resident Applicant)

City / Town / Village _____ Pin Code _____
State _____ Country _____
5. Specify the Proof of Address submitted for Permanent Address: _____

C 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.

Date

4 _____

Signature of the Applicant

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: **Ishaan Metals Pvt. Ltd.**

Date of IPV: _____
Signature of the person who has done the IPV

Seal/Stamp of the Intermediary

Originals Verified & Self Attested Document copies received

Date Place : _____

Signature of the Authorised Signatory

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

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

- 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 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 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, FIs, MFs, VCFs, FVCLs, 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.



Important Instructions:

- A) Fields marked with "*" are mandatory fields.
- B) Tick '✓' wherever applicable.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please fill the form in English and in BLOCK letters.
- E) KYC number of applicant is mandatory for update application.
- F) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- G) List of two character ISO 3166 country codes is available at the end.
- H) Please read section wise detailed guidelines / instructions at the end.
- I) 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)

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

Name*

Entity Constitution Type* Others (Specify) (Please refer instruction B at the end)

Date of Incorporation / Formation* DD - MM - YYYY Date of Commencement of Business DD - MM - YYYY

Place of Incorporation / Formation* Country of Incorporation / Formation* TIN or Equivalent Issuing Country

PAN* Form 60 furnished

TIN / GST Registration Number

2. PROOF OF IDENTITY (PoI)* (Please refer instruction B at the end)

Officially void document(s) in respect of person authorised to transact

Certificate of Incorporation / Formation Registration Certificate Regn. Certificate No.

Memorandum and Articles of Association Partnership Deed Trust Deed

Resolution of Board / Managing Committee Power or attorney granted to its manager, officers or employees to transact on its behalf

Activity Proof - 1 (For Sole Proprietorship Only) Activity Proof - 2 (For Sole Proprietorship Only)

3. ADDRESS* (Please refer instruction C at the end)

3.2 Local Address in India (If different from Above)*

Proof of Address* Certificate of Incorporation / Formation Registration Certificate Other Document

Line 1*

Line 2

Line 3 City / Town / Village*

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

3.1 Registered Office Address / Place of Business*

Line 1*

Line 2

Line 3 City / Town / Village*

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

4. CONTACT DETAILS (All communication will be sent to Mobile number / E-mail ID provided may be used) (Please refer instruction D at the end)

Tel. (Off) - FAX -

Mobile - Email ID

Mobile - Email ID

5. NUMBER OF RELATED PERSONS (Please refer instruction E at the end)

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)

<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 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

6

Name & 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: **Ishaan Metals Pvt. Ltd.**

Date of IPV: Signature of the person who has done the IPV _____

Seal/Stamp of the Intermediary

Originals Verified & Self Attested Document copies received

Date 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> 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>PHOTOGRAPH</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> 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>PHOTOGRAPH</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> 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>PHOTOGRAPH</p> <p>Please affix your recent passport size photograph and sign across it</p>

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ANNEXURE 1 (PART - II)

TRADING ACCOUNT RELATED DETAILS



ISHAAN METALS PVT. LTD.

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.	MCX		7a
2.	NCDEX		7b

[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	

CATEGORIZATION IN COMMODITIES DERIVATIVES SEGMENTS

Note : According to SEBI Circular No. SEBI/HO/CDMRD/DNPMP/CIR/P/2019/08 and the circular of Recognized Stock Exchange having Commodity Derivative Segment. For more information please visit to website of SEBI and Exchange.

Client Name										
Trading Code										
PAN No.										

Please select exchange : MCX NCDEX All Segment

Please select categories and product type :

Categories	Product Types				
<input type="checkbox"/> Farmer / FPOs	<input type="checkbox"/> Bullions	<input type="checkbox"/> Base Metal	<input type="checkbox"/> Energy	<input type="checkbox"/> Agri Commodities	<input type="checkbox"/> All
<input type="checkbox"/> Value Chain Participants (VCPs)	<input type="checkbox"/> Bullions	<input type="checkbox"/> Base Metal	<input type="checkbox"/> Energy	<input type="checkbox"/> Agri Commodities	<input type="checkbox"/> All
<input type="checkbox"/> Foreign Participant	<input type="checkbox"/> Bullions	<input type="checkbox"/> Base Metal	<input type="checkbox"/> Energy	<input type="checkbox"/> Agri Commodities	<input type="checkbox"/> All
<input type="checkbox"/> Domestic Financial Institutional Investor	<input type="checkbox"/> Bullions	<input type="checkbox"/> Base Metal	<input type="checkbox"/> Energy	<input type="checkbox"/> Agri Commodities	<input type="checkbox"/> All
<input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Bullions	<input type="checkbox"/> Base Metal	<input type="checkbox"/> Energy	<input type="checkbox"/> Agri Commodities	<input type="checkbox"/> All

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 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.

Client Name		Client Signature	
-------------	--	------------------	--

Enclosure : Copy of PAN Card

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

■ 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 (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

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.

Place	
Date	

8 

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 : _____

	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 for the information of the clients.

For **Ishaan Metals Pvt. Ltd.**

Signature of the Authorised Signatory

Seal / Stamp of the Member

Date : _____

BROKERAGE STRUCTURE

Commodity	Brokerage	Open Position Charge	Minimum	Remarks

NOTE:

1. Transaction charges as per Exchange will be charged extra.
2. Stamp duty will be levied as per local laws and will be charged extra.
3. Goods and Service tax as per GST Act.
4. All customers will get Digital Contract Notes. Physical contract notes provided on request at extra cost.
5. Charges/service standards are subject to revision at sole discretion of Ishaan Metals Pvt. Ltd.
6. Charges quoted above are for the services listed. Any service not quoted above will be charged separately.
7. Management reserves the right to freeze, discontinue or suspend any account if required.
8. In case of Physical Contract note are being dispatched to client, a difference of Rs. 25/- in total brokerage booked on a particular date would be charged toward minimum processing fee.
9. Monthly charges for online trading connectivity will be extra.
10. Clearing charges @ Rs. 50/- per crore of total turnover (including notional turnover) in derivatives segments will be charged extra.

I/We, _____
have read the above given information and agree to pay the same

9 

Client Signature

DISCLOSURE INFORMATION (For Ishaan Metals Pvt. Ltd.)

To, _____
(Client Name)

Dear Sir/Madam,

This is to inform you that we do client based trading and Pro-account Trading in Multi Commodity Exchange of India Ltd (MCX) / National Commodity & Derivative Exchange Ltd. (NCDEX).

Thanks & best regards,

For **Ishaan Metals Pvt. Ltd.**

Authorised Signatory / Director

I/We acknowledge the receipt of the information given by Ishaan Metals Pvt. Ltd. that they do client based trading and Pro-account trading.

10 

Client Signature

VOLUNTARY DOCUMENTS

To,

ISHAAN METALS PVT. LTD.

Member : NCDEX & MCX

Regd. Office : 39-A, Double Storey, Main Road,
Malkaganj, Delhi-110007 (India)

Dear Sir,

I/We _____ a client with member M/s. **ISHAAN METALS PVT. LTD.** of Exchange undertakes as follows:

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

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Client's Signature _____

Date : _____ Place: _____

Verification of the client signature done by,

Name of the designated officer of the Member _____

Signature _____

RUNNING ACCOUNT AUTHORISATION

Date : _____

Client Name : _____

To,

Client Code : _____

ISHAAN METALS PVT. LTD.

Member : NCDEX & MCX

Regd. Office : 39-A, Double Storey, Main Road,
Malkaganj, Delhi-110007 (India)

Dear Sir,

In order to facilitate operations, I/we hereby authorize you to maintain my / our account, both commodities and funds, with you on a running account basis and consider the balances in my / our running funds / commodities account, with you for the purpose of margins or any other obligations due to you across any segment of any Commodity Exchange and also authorize you to hold my / our credit / commodities in anticipation of future debits in my / our account till my / our further instructions to release the same. I/We further authorize you to set off / adjust any of my/our debit/dues in any segment of any Exchange with credit of any other segments or any exchange(s) in my/our account.

I/We am/are aware that the said authorization given to you is on one time basis and is valid till the same is revoked by me/us in writing at any point of time.

We may retain an amount up to Rs. 10,000/- (Net amount) across segment and across Stock Exchanges.

Further, I/We desire actual settlement of funds and commodities at least one in a (strike out non preference)

Quarterly (i.e. at a gap of not more than 90 days) or

Monthly (i.e. at a gap of not more than 30 days)

I/We, am/are under an obligation to bring any dispute arising from the statement of account or settlement to your notice preferably within 7 working days from the date of receipt of funds / commodities or statement, as the case may be.

Your's faithfully,

12 

Client's Signature

LETTER OF AUTHORITY

Date : _____

Client Name : _____

To,

ISHAAN METALS PVT. LTD.

Client Code : _____

Member : NCDEX & MCX

Regd. Office : 39-A, Double Storey, Main Road,
Malkaganj, Delhi-110007 (India)

Dear Sir,

Sub: Letter of Authority

I / We am / are dealing in Commodity with you at Commodity Exchanges and in order to facilitate 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 accounts maintained with you irrespective of the fact that such credits in the accounts may pertain to transactions in Exchange 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 hereby authorize you to keep all the commodities which we give you in margin including the payout of commodities received, to use the commodities for meeting margin / other obligation in Commodity exchange in whatever manner which may include pledging of commodities in favour of bank and/or taking loan against the same of meeting margin/pay-in obligation on our behalf orfor giving the same as margin to the Commodity Exchange or otherwise.
4. I/We hereby authorise you to maintain a running account.
5. I / We request you to retain credit balance in any of my/our account and to use the idel fund towards our margin/future obligation of all the exchanges unless I/We instant you otherwise.
6. I / We request you to retain/Commodity/warehouse receipt in your Demat account for my / our margin / future obligations at all the Exchanges, unless I / We instruct you to transfer the same to my / our account.
7. I / We hereby authorise you to maintain our agro commodity stock with you alongwith comprehensive insurance cover and pay warehouse charges on our behalf and also I/we hereby authorise to debit my account with same.
8. 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.
9. I/We will completely rely on the log reports of your despatching software as a conclusive proof of dispatch of e-mail to me and will not dispute the same.
10. I/We will inform you the change in my / our e-mail, if any, in future either by regd. post or through adigitallysigned e-mail.
11. Trading of Commodity is in Electronic Mode, based on VSAT, leased line, ISDN, Modem and VPN, combination of technologies and computer systems to place and route orders.
I / We understand that there exists a possibility of communication failure or system problems or slow or delayed response from system or trading halt, of any such other problem/glitch whereby not being able to establish access to the trading system/network, which may be beyond the control and may result in delay in processing or note processing buy or sell orders either in part or in full.
I/We agree that I / We shall be fully liable and responsible for any such problems/ glitch.
12. I / We confirm that I / We will not sublet the trading terminal on any term of connectivity from my / our place without your prior approval.
13. 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.
14. I / We agree that any loss due to any erroneous entry / erroneous order modification shall be entertained only to the extent of insurance received.
15. I / We agree that any MTM loss on open positions should be adjusted against the initial deposit maintained in cash by me / us with you.

Thanking you,

Yours faithfully,

13 

Client's Signature

FORMAT OF UNDERTAKING FOR REACTIVATION OF CLIENT TRADING ACCOUNT

Date : _____

Client Name : _____

To,
ISHAAN METALS PVT. LTD.

Client Code : _____

Regd. Office : 39-A, Double Storey, Main Road,
Malkaganj, Delhi-110007 (India)

Dear Sir,

Sub: My/Our request for reactivation of client trading account in commodity derivatives on NCDEX.

I/we _____ (name of the client), have trading account with Unique Client Code _____ allotted to me/us by your office situated at _____ (branch name) since _____ (date of activation of the account).

I/we have not been trading in commodity derivatives contracts on NCDEX. trading platform since _____ (last trade date). However, I/we am/are desirous of trading again in commodity derivatives contracts on NCDEX platform.

I/we hereby confirm and undertake that:

1. I/We have completed all the KYC formalities and submitted all the required documents thereof at the time of opening the trading account originally and enrolling as a client with you.
2. There is no material change in the information viz., address, bank account, PAN No. etc. as contained in the documents submitted originally at the time of opening trading account with you.

I/we, therefore, request you to reactivate my/our trading account and allow trading with immediate effect.

Yours Faithfully,

14 

Client's Signature

SUGGESTED FORMAT OF UNDERTAKING FOR REACTIVATION OF CLIENT TRADING ACCOUNT

Date : _____ (To be taken on the letterhead in case of non-individual client)
Client Name : _____

To,
ISHAAN METALS PVT. LTD.

Client Code : _____

Regd. Office : 39-A, Double Storey, Main Road,
Malkaganj, Delhi-110007 (India)

Sir,

I/we _____ (name of the client-Individual/Non-ndividual), having trading account with Unique Client Code _____ allotted to me/us by your broking house situated at _____ (branch name) since _____ (date of activation of the account).

I/we am/are not trading in commodity futures contracts on the MCX trading platform since _____ (last trade date). However, I/we am/are desirous to start trading again in commodity futures contracts on the MCX platform. In this regard, you are requested to reactivate my/our-trading account and allow trading with immediate effect.

I/we hereby undertake that:

1. I/We have completed all the KYC formalities and submitted all the required documents thereof (Proof of Identity, Address Proof, Bank Proof, PAN, etc.), at the time of opening the trading account originally and enrolling as a client with you.
2. There are no changes in respect of my/our Address, Bank account, PAN details, as provided to you earlier. Further, there is no material change in the other information provided to you in KYC Form.

I/we declare that the information given above is true to my/our knowledge. I/we, therefore, request you that the requirement of fresh KYC may not be insisted upon.

Yours Faithfully,

15 

Client's Signature

UNDERTAKING FOR ACTIVATION OF OPTIONS SEGMENT IN COMMODITIES TRADING ACCOUNT

Date : _____

Client Name : _____

To,
ISHAAN METALS PVT. LTD.

Client Code : _____

Regd. Office : 39-A, Double Storey, Main Road,
Malkaganj, Delhi-110007 (India)

Sir,

Date:

I/We _____ (name of the client-Individual/Non-individual), having trading account with Unique Client Code _____ allotted to me/us by your broking house since _____ (date of activation of the account).

I/We would request you to activate options segment of MCX and NCDEX Exchanges in my/our trading account with Unique Client Code _____ allotted to me/us.

I/we hereby undertake that I/we have completed all the KYC formalities and submitted all the required documents thereof (Proof of Identity, Address Proof, Bank Proof, PAN, etc.), at the time of opening the trading account originally and enrolling as a client with you. Further, I/we declare that:

(Tick whichever in applicable)


There are no changes in respect of my/our Address, Bank account, PAN details, as provided to you earlier. Further, there is no material change in the other information provided to you in KYC Form. I/We, therefore, request you that the requirement of fresh KYC may not be insisted upon.

There is a change in my/our _____ (Bank/Address/PAN) details, so I/we am/are enclosing modification request form along with the required documents for the updation in my/our account details.

I/We declare that the information given above is true to my/our knowledge and acknowledge receipt of Risk Disclosure Document.

Yours Faithfully,

Name of the Client : _____

Signature of the Client : **16**  _____

Mobile No. _____

E-mail ID _____

(For Non Individuals, Name & Signature of Designated Director/Managing Partner/Karta/Proprietor along with stamp of the company/firm).

ADJUSTMENT OF BALANCES IN FAMILY ACCOUNTS

To,
ISHAAN METALS PVT. LTD.

Date : _____

Member : NCDEX & MCX

Regd. Office : 39-A, Double Storey, Main Road,
Malkaganj, Delhi-110007 (India)

Dear Sir,

We, the below mentioned family members, have been regularly trading and investing with you on the NCDEX/MCX.

For the purpose of operations with you, we agree to be treated as family account.

In order to facilitate operations we hereby authorise you to set off the outstandings in any of the below mentioned accounts against credits/commodities available or arising in any of below accounts irrespective of the fact that such credits/commodities in the accounts may pertain to transactions in any segment of any Exchange and/or against the value of cash margin or collateral in the form of warehouse receipts. Bank guarantees, Immoval property/shares or other as provided by any member(s) of the family.

In order to facilitate operations, we authorise the Member to maintain a running accounts instead of settlement clearance of dues or delivery of commodities to us.

We agree to intimate you from time to time any additions or deletions of clients to the said family. We agree that any deletion shall take effect only on completion of settlement and adjustment of balance in all the accounts of the clients belonging to the family.

We have affixed our signatures below consenting to the above mentioned terms of adjustments.

Sr. No.	Name of the Person	Client Code		Signature of the Person
		NCDEX	MCX	

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Client's Signature

DECLARATION BY THE USER

I hereby declare that I am aware about the Rules, Byelaws, Regulations and Circulars issued there under by the Exchange. I agree to become an Approved User (Internet) of ISHAAN METALS PVT. LTD. I would intimate the Exchange on ceasing to be an employee / Approved User of ISHAAN METALS PVT. LTD. I hereby agree to abide by the Rules, Bye-laws, Regulations and Circulars issued by the Exchange that may be in force from time to time and understand that appropriate action may be initiated by the Exchange in case of violation of the Rules, Bye-laws, Regulations and Circulars issued by the Exchange. I certify that I have not applied for any other Internet User ID on the same segment for which this ID's now being applied for I will not allow anybody else to access / use the NCDEX / MCX Trading System using the Internet User ID so allotted to me.

I shall keep complete secrecy of the password and undertake not to disclose the password to any person.

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Client's Signature

Date : _____ Place : _____

CLIENT DEFAULTER DECLARATION

I/We, _____ having PAN No. _____ do hereby declare that I/we have not been involved in any terrorist activity and we have not been declared as defaulter or my name is not appearing in defaulter database as per SEBI/ FMC/Various Exchanges/Regulatory bodies/CIBIL (Credit Information Bureau of India Ltd.) etc. for that I/we have not been declared bankrupt/involvent.

I further declare that the above mentioned declaration/statement is true and correct.

Client's Signature **19**  _____

Name :

Client Code : Date :

[Note : To be signed by person..... not to be signed by..... attorney/authorised person etc.]

DECLARATION FOR NAME MISMATCH

I hereby declare that

1. My name mentioned in PAN Card is _____
2. In additional ID Proof i.e. Voter Id / Passport / Driving License it is _____
3. In Bank A/c No. _____ it is _____
4. In _____ in this _____

Further I declare that the names mentioned in above details documents pertains to me, therefore I request my account and make all payouts in the same name as mentioned in my bank proof.

Thanks.

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Client's Signature _____

Name: _____ Date : _____

Client Code : _____

MOBILE DECLARATION

I, _____ having Pan No. _____ do hereby declare that my mobile no. is _____ Further, I authorize ISHAAN METALS PVT. LTD. that the same maybe used for giving me any information/alert/sms/call/password.

I further declare the above mentioned statement is true and correct.

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Client's Signature _____

Name: _____ Date : _____

Client Code : _____

PMLA DECLARATION

To,
ISHAAN METALS PVT. LTD.

Dated : _____

Regd. Office : 39-A, Double Storey, Main Road,
Malkaganj, Delhi-110007 (India)

Dear Sir/s,

This has reference with the trading account bearing Client Code _____, already opened/proposed to be opened by me/us with you for the purpose of doing trading transactions in Commodity Derivative Contracts on MCX and NCDEX.

With regards to the same, I/We wish to inform you that I/we propose to undertake high value transactions bearing value of more than Rs. 5,00,000/- (Rupees five lacs only) per day in the said trading account. The purpose of my / our trading shall be as follows:

1. Speculation
2. Hedging
3. Arbitrage
4. Delivery

(Please tick appropriate entry/ies)

I/we do hereby confirm that I/we shall abide by all the provisions as are contained in **Prevention of Money Laundering Act, 2002** as well as all the Rules, Regulations and Notifications issued pursuant thereto.

Further, I/we also do hereby confirm that I/we shall route all the receipts/payments in respect of my/our dealings in said trading account, only through such bank account/s that has/have been registered by me /us with you.

Kindly take the above on record and do the needful.

Thanking you,

Yours truly,

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Client's Signature _____

Name: _____ Client Code _____



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 ^s , please specify)
1.			
2.			
3.			

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):

Unlisted Company Partnership Firm Limited Liability Partnership Company

Unincorporated association / body of individuals Public Charitable Trust Religious Trust Private Trust

Others (please specify)

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 (%) [§]			

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

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.

*% In case Tax Identification Number is not available, kindly provide functional equivalent

§ 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 Ishaan Metals Pvt. 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

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Client's Signature

Date :

Place :

For Investor convenience, Ishaan Metals Pvt. Ltd. collecting this mandatory information for updating across all Group Companies of Ishaan Metals Pvt. 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 Ishaan Metals Pvt. Ltd. branch or you can dispatch the hard copy to-

Ishaan Metals Pvt. Ltd.

39-A, Double Storey, Main Road, Malkaganj, Delhi-110007, Ph.: 011-47890000

• For Detail Terms & Conditions please visit www.wealthdiscovery.in

DECLARATION BY HUF

To,
ISHAAN METALS PVT. LTD.
Regd. Office : 39-A, Double Storey, Main Road,
Malkaganj, Delhi-110007 (India)

Dated : _____

As our HUF firm wishes to open an account with you 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
you 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 you 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.

This is to certify that following are the family members under _____ (HUF)											
S. No.	Name	Gender (Male/Female)	Relationship with Karta	Date of Birth							
1.				D	D	M	M	Y	Y	Y	Y
2.				D	D	M	M	Y	Y	Y	Y
3.				D	D	M	M	Y	Y	Y	Y
4.				D	D	M	M	Y	Y	Y	Y
5.				D	D	M	M	Y	Y	Y	Y
6.				D	D	M	M	Y	Y	Y	Y

For _____ (HUF)

* Please stamp and sign.



Client Signature (Karta)

FORMAT OF LETTER TO BE OBTAINED FROM THE BANK FOR VERIFICATION

To,
ISHAAN METALS PVT. LTD.

Date : _____

Member : NCDEX & MCX
Regd. Office : 39-A, Double Storey, Main Road, Malkaganj, Delhi-110007 (India)

Dear Sir,

This is to certify that the account no. of M/s. _____ with M/s.
_____ with our branch has been active since _____ years/months and the operation
of the account has been satisfactory.

We further confirm that the photograph herein bears likeness to the identity of the above mentioned person & that the address of the person is as given below.

Bank stamp
across
photograph

Type of Account _____

Name, Signature of the Branch Manager

Stamp of the Bank and the Branch

Client Signature : _____

Signed in my presence and Attested :

Signature of Branch Manager :

DECLARATION BY FIRM (SOLE PROPRIETORSHIP / HUF) ON LETTER HEAD OF THE FIRM / HUF

(To be Obtained on Pre-Printed Letter head of the firm)

To,

ISHAAN METALS PVT. LTD.

Dated : _____

Regd. Office : 39-A, Double Storey, Main Road,
Malkaganj, Delhi-110007 (India)

Dear Sir/Madam

I refer to the trading account opened with you in the name of _____ and declare and authorize you as under:

I recognize that a beneficiary account cannot be opened with a depository participant in the name of a sole proprietorship firm as per regulations. To facilitate the operation of the above trading account with you and for the purpose of completing the share transfer obligations pursuant to the trading operations, I authorize you to recognize the beneficiary account no. _____ with the depository _____ opened in the name of the undersigned who is the sole proprietor of the firm.

I agree that the obligation for shares purchased and/or sold by the firm will be handled and completed through transfer (s) to/from the above mentioned account. I recognize and accept transfer made by you to the aforesaid beneficiary account as completion of obligations by you in respect of trade executed in the above trading account of the firm.

Further I, the undersigned, am the sole proprietor of the firm and am solely responsible for the liabilities thereof. I shall advice you in writing of any change that take place in the constitution of the firm and will be personally liable to you for all the obligation that the firm may incur in the course of dealings with you and undertake to personally discharge such liabilities.

The cheques/DDs (electronic/physical) shall be issued by me from my individual account with any bank and the amounts so given shall be solely/exclusively for credit to the account of my sole proprietorship firm M/s. _____ with your company.

Yours truly,

Name of the Sole Proprietor / Partner / Karta : _____

Signature Sole Proprietor / Partner / Karta : _____

DECLARATION BY PARTNERSHIP

(To be obtained on Pre-printed letter head of the firm)

To,

ISHAAN METALS PVT. LTD.

Regd. Office : 39-A, Double Storey, Main Road,
Malkaganj, Delhi-110007 (India)

Dear Sir,

We refer to the trading account opened with you in the name of _____ And declare and authorize you as under :

We recognize that a beneficiary account can not be opened with Depository Participant in the name of the partnership firm as per regulations. To facilitate the operation o the above trading account with you and for the purpose of completing the commodities transfer obligations, pursuant to the trading operation, we authorize you to recognize the beneficiary account No. _____ with Depository _____ Having DP ID _____ opened as a joint account in the names of the partners of the firm.

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

Yours truly,

Signature of Partner with rubber Stamp

Signature of Partner with rubber Stamp

Signature of Partner with rubber Stamp

**FOR TRADING ACCOUNT OPENING
FORMAT OF BOARD RESOLUTION IN CASE OF CORPORATES / TRUSTS**

(To be obtained on pre-printed Letterhead of company)
(This Letter is to be obtained only if the client is a body corporate)

Certified True Copy of the Resolution passed at the meeting of the Board of Directors/Trustees/of _____

Ltd. / Trust and having its registered office at _____
_____ held on _____ day of _____ 20 _____ at _____ AM/PM

Resolved that the Company/Trust be registered as CLIENT with ISHAAN METALS PVT. LTD., member of NCDEX/MCX and the said Member be and is hereby authorised to honour instruction oral or written, given on behalf of the Company/Trust by any of the under noted authorised signatories:

SNo.	Name	Designation
1.	_____	_____
2.	_____	_____
3.	_____	_____

who are authorised to sell, purchase, transfer, endorse, negotiate and/or otherwise through ISHAAN METALS PVT. LTD. on the behalf of the Company/Trust.

RESOLVED FURTHER THAT Mr. _____ and /or Mr. _____, Directors/Trustees of the Company/Trust be and are hereby deemed necessary or expedient to give effect to this resolution.

AND RESOLVED FURTHER THAT, the Common Seal of the Company be affixed, whenever necessary, in the presence of all Directors or of anyone director and Company Secretary, who shall sign the same in token of their presence.

For _____ Ltd.

Chairman / Company Secretary / All Trustees

Specimen Signatures of the Authorised Persons

S. No. Name

(The above signatures to be attested by the person signing the resolution for account opening on behalf of the Company/Trust)





ISHAAN METALS PVT. LTD.

CIN : U74999DL2003PTC122642

MEMBER

National Commodity & Derivatives Exchange Ltd. (NCDEX) (Membership No.: 00408)

Multi Commodity Exchange of India Ltd. (MCX) (Membership No.: 16390)

SEBI Regn. No.: INZ000036931

Regd. Office :

39-A, Double Storey, Main Road, Malkaganj, Delhi-110007 (INDIA)

Phone : 011-47890000 • Telefax : 91-11-23856053

E-mail : info@ishaanmetals.com