

**REPOSITORY PARTICIPANT NAME
ADDRESS & RP ID**

CLIENT ID

ACCOUNT OPENING FORM FOR COMMODITY ACCOUNT

FOR NON-INDIVIDUALS

(To be filled by the Repository Participant)

FORM NO. *	REQUEST DATE*	D	D	M	M	Y	Y	Y	Y
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(To be filled by the applicant in **BLOCK LETTERS** in English)

We request you to open a commodity account in my/ our name as per following details:-

HOLDER DETAILS

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

CLIENT TYPE	CLIENT SUB - TYPE
<input type="checkbox"/> Corporate	<input type="checkbox"/> OPC <input type="checkbox"/> LLP <input type="checkbox"/> Corporate body – Domestic <input type="checkbox"/> Corporate body – OCB <input type="checkbox"/> Corporate body – Govt. Co. <input type="checkbox"/> Corporate body – Central Govt. <input type="checkbox"/> Corporate body – State Govt <input type="checkbox"/> Corporate body – NBFC <input type="checkbox"/> Corporate body – Non-NBFC <input type="checkbox"/> Corporate body – FPO <input type="checkbox"/> Corporate body – Cooperative <input type="checkbox"/> Corporate body – Cooperative Bank <input type="checkbox"/> Eligible Foreign Entities (EFEs) <input type="checkbox"/> Mutual Fund
<input type="checkbox"/> Clearing Member	<input type="checkbox"/> Clearing Member
<input type="checkbox"/> Trading Member	<input type="checkbox"/> Trading Member
<input type="checkbox"/> Bank	<input type="checkbox"/> Bank – Foreign <input type="checkbox"/> Bank - Co-operative <input type="checkbox"/> Bank – Nationalized <input type="checkbox"/> Bank – Other
<input type="checkbox"/> Clearing House/ Clearing Corporation	<input type="checkbox"/> Clearing House/ Clearing Corporation
<input type="checkbox"/> Firm	<input type="checkbox"/> Proprietary Concern <input type="checkbox"/> Partnership Firm
<input type="checkbox"/> Trust	<input type="checkbox"/> Registered Trust /Public Trust <input type="checkbox"/> SEBI recognized <input type="checkbox"/> Private Trust

Account Statement Requirement* (If not marked, the default option would be 'Electronic' and statement frequency would be 'Quarterly')	Statement Type: <input type="checkbox"/> Physical <input type="checkbox"/> Electronic Statement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annually
Business GST No. *	

CIN no. (If Applicable)	LLPIN no. (If Applicable)	Cooperative Soc registration no. (If Applicable)
Exchange Id # (If Applicable)	Exchange Name	
CC Id # (If Applicable)	Clearing Corporation Name	
Clearing Member Id # (If Applicable)	Trading Member Name	
Trading Member Id # (If Applicable)	Trading Member Name	

<input type="checkbox"/> SEBI Registration Number	<input type="checkbox"/> RBI Registration Number	Registration date	D	D	M	M	Y	Y	Y	Y
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- ❖ CIN No. Mandatory For Account Type – Corporate, Clearing Member, Bank
- ❖ LLPIN No. Mandatory For Account Type – Corporate (LLP)
- ❖ Cooperative Society registration no. Mandatory For Account Type – Corporate Body Cooperative
- ❖ Exchange Id Mandatory For Account Type - Clearing Member
- ❖ CC Id Mandatory For Account Type – Clearing Member
- ❖ Clearing Member Id Mandatory For Account Type – Clearing Member
- ❖ Trading Member Id Mandatory For Account Type – Trading Member
- ❖ SEBI Registration No And Registration Date Mandatory For Account Type – Clearing Member
- ❖ RBI Registration No And Registration Date Mandatory For Account Type – Bank

Applicable only for clients trading on recognized Exchanges.

Auto Credit * - We instruct the RP to receive each and every credit in my / our account (If not marked, the default option would be 'No')	[Automatic Credit] <input type="checkbox"/> Yes <input type="checkbox"/> No
STATEMENT FLAG * (If not marked, the default option would be 'Yes')	<input type="checkbox"/> Yes <input type="checkbox"/> No
On Market Entry Type - Applicable for Account Type – Clearing Member & Trading Member (If not marked, the default option would be 'Notional')	<input type="checkbox"/> Notional <input type="checkbox"/> Real

REGISTERED ADDRESS			
ADDRESS *			
CITY *			
PIN CODE*			
CENSUS			
FAX			
ISD/ STD & PHONE NUMBER 1 *	ISD	STD	PHONE NO.
ISD/ STD & PHONE NUMBER 2	ISD	STD	PHONE NO.
ISD & MOBILE NUMBER 1 *	STD	MOBILE NO.	
ISD & MOBILE NUMBER 2	STD	MOBILE NO.	
EMAIL ID 1 *			
EMAIL ID 2			
EMAIL ID 3			

CORRESPONDENCE ADDRESS <input type="checkbox"/> Tick if Same as Registered Address			
ADDRESS *			
CITY *			
PIN CODE*			
CENSUS			
FAX			
ISD/ STD & PHONE NUMBER 1	ISD	STD	PHONE NO.
ISD/ STD & PHONE NUMBER 2	ISD	STD	PHONE NO.

BANK DETAILS	
Bank Account Number*	
IFSC*	
MICR*	
BANK NAME	

Account Type (Tick any one) *	<input type="checkbox"/> Savings	<input type="checkbox"/> Current	<input type="checkbox"/> Overdraft
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Gross Annual Income Details*	Net worth as on (Date)	D	D	M	M	Y	Y	Y	Y	<input type="checkbox"/> Lakhs	<input type="checkbox"/> Crores
	Net worth ₹										

[Net worth should not be older than 1 year]

Please tick If any of the authorized signatories / Promoters / Partners / Trustees / Whole Time Directors is either Politically Exposed Person (PEP) or Related to Politically Exposed Person (RPEP)

Please provide details as per **Annexure 2A**.

Any other information: _____

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

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

* Not more than 3 Months old.

DISCLAIMAIR: Any change to be informed to Repository Participant within 7 days

DOCUMENTS									
COMPANY PAN.*									
INCORPORATION DATE*	D	D	M	M	Y	Y	Y	Y	

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

DECLARATION

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

Place: _____

Date: _____

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

Authorised Signatory			
	Sole / First Authorised Signatory	Second Authorised Signatory	Third Authorised Signatory
Name*			
Designation*			
Mobile No. *			
Signature*			
Photograph*	Please affix recent passport size photograph and sign across it	Please affix recent passport size photograph and sign across it	Please affix recent passport size photograph and sign across it

(Signature should be preferably in blue ink).
(In case of more authorised signatories, please add annexure)

===== (Please Tear Here) =====

Acknowledgement Receipt

Application No.: _____

Date: _____

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

NAME OF FIRM / COMPANY: _____

Repository Participant Seal and Signature

INSTRUCTIONS / CHECK LIST FOR FILLING KYC FORM

A. IMPORTANT POINTS:

1. Self-attested copy of AADHAR cards is mandatory for all individual clients.
2. Copies of all the documents submitted by the applicant should be self – attested and accompanied by originals for verifications. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the below mentioned list.
3. If any proof of identity or address is in a foreign language, then translation into English is required.
4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
5. If correspondence & permanent address are different, then proofs for both have to be submitted.
6. Sole proprietor must make the application in his individual name & capacity.
7. Non –resident and foreign nationals, (Not allowed to open Repository account as per WDR guideline.)
8. In case of Merchant Navy NRI'S Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
9. Minor, (Not allowed to open Repository account as per WDR guideline.)
10. Politically Exposed Person (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country .e.g. Heads of States or of Governments , Seniors politicians, Senior Government /Judicial/Military officers, senior executives of the state owned corporations, important political party officials etc.

B. PROOF OF IDENTITY (POI): List of documents admissible as proof of identity:

1. PAN card with photograph .This is a mandatory requirement for all applicants except those who are specifically exempt from obtaining PAN (listed in Section D).
2. Unique identification Number (UID) (Aadhar)/Passport/Voter ID card/Driving license.
3. Identity card/documents with applicant's photo, issued by any of the following: Central/State Government and its department , Statutory /Regulatory Authorities, Public sector undertakings, Scheduled commercial bank, Public Financial institutions, College affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, bar council etc ... to their members and credit cards/Debits cards issued by Banks.

C. PROOF OF ADDRESS (POA): List of documents admissible as proof of address: (*Documents having an expiry date should be valid on the date of submission.)

1. Passport/Voters Identity Card/Ration Card /registered lease or sale agreement of residence /Driving License/Flat maintenance bill/Insurance copy.

2. Utility bills like Telephone Bill (Only land line), Electricity bill or Gas Bill –Not more than 3 months old.
3. Bank Account Statement /passbook –Not more than 3 months old.
4. Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts.
5. Proof of address issued by any of the following Bank managers of Scheduled Commercial Banks/Scheduled Cooperative Bank/Multinational Banks/Gazetted Office/Notary public/Elected representative to the Legislative assembly/Parliament/Documents issued by Govt. or Statutory Authority.
6. Identity Card/documents with address, issued by any of the following: Central/State government and its departments, Statutory /Regulatory Authorities Public sector undertakings, Scheduled Commercial Banks, Public Financial Institutions, and Colleges affiliated to universities and Professional Bodies such as ICAI, ICWAI, ICSI Bar council etc. to their members.
7. The proof of address in the name of the Spouse may be accepted.

D. EXEMPTIONS/CLARIFICATIONS TO PAN

- (*Sufficient documentary evidence in support of such claims to be collected.)
1. In case of transactions undertaken on behalf of central Government and/or State Government by Officials appointed by Courts e.g. Official liquidator, Court receiver etc.
 2. Investors residing in the state of Sikkim.
 3. UN entities /multilateral agencies exempt from paying taxes/filing tax returns in India.
 4. SIP of Mutual Funds up to Rs 50,000/-p.a.
 5. In case of institutional clients, namely, FIIs, MFs, VCFs, FVCIs, Scheduled commercial Banks, Multilateral and Bilateral development financial institutions, state industrial development corporations, insurance companies registered with IRDA and public Financial Institutions as defined under section 4A of the company 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 Banks (Name, Designation & Seal Should be fixed on the copy).

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

Types Of Entity	Documentary requirements
Corporate	• Copy of the balance sheets for the last 2 financial years (To be submitted every year)
	• Copy of the latest share holding pattern including list of all those holding control ,either directly or indirectly, in the company in terms of SEBI takeover regulations, duly certificated by the company secretary /whole time director /MD (to be submitted every year)
	• Photograph, 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 incorporations
	• Copy of Board resolution
Partnership Firms	• Authorized signatories list with specimen signatures
	• Copy of the Balance sheets for the last 2 financial years (To be submitted every year)
	• Certificate of registration (for registered partnership firms)
	• Copy of partnership deed
	• Authorized signatories list with specimen signatures
	• Photograph, POI,POA,PAN of partners

Trust (Registered Trust /Public Trust)	<ul style="list-style-type: none"> • Certificate of Registration of Trust under the Societies Registration Act/ Public Trust Act, 1860 / Bombay Public Trust Act, 1950 / Public Trust Act, of relevant State
	<ul style="list-style-type: none"> • Certified true copy of Board Resolution will be required to open the demat account and specifying the persons authorized by the Board of Trustees to act as Authorized signatory(ies) to operate the demat account. The Board Resolution of Trust should also confirm the following: (a) the changes in trustees will be informed to RP immediately on the change (b) the warehousing commodities is approved activity as per trust deed
	<ul style="list-style-type: none"> • Names of the authorized signatories, designation, and their specimen signatures duly verified by the Managing Trustee will be required.
	<ul style="list-style-type: none"> • List of Trustees alongwith their Full address and address proofs
	<ul style="list-style-type: none"> • Obtain Trust deed and the trust deed should facilitate the proposed activity as permitted to be undertaken by the trust.
Trust (SEBI recognized)	<ul style="list-style-type: none"> • Certified true copy of Board Resolution: The Board of Trustees shall specify the names of the trustee/s who shall hold/ operate the demat account. The Board Resolution of Trust should also confirm the following: (a) the changes in trustees will be informed to RP immediately on the change (b) the warehousing commodities is approved activity as per trust deed
	<ul style="list-style-type: none"> • Trust Deed and Rules and/or any document or charter defining their constitution and providing for management thereof;
	<ul style="list-style-type: none"> • Certificate of Registration of Trust under the Societies Registration Act/ Public Trust Act, 1860 / Bombay Public Trust Act, 1950 / Public Trust Act, of relevant State
	<ul style="list-style-type: none"> • Certified true copy of Board Resolution will be required to open the demat account and specifying the persons authorized by the Board of Trustees to act as Authorized signatory(ies) to operate the demat account. The Board Resolution of Trust should also confirm the following: (a) the changes in trustees will be informed to RP immediately on the change (b) the warehousing commodities is approved activity as per trust deed
	<ul style="list-style-type: none"> • Names of the authorized signatories, designation, and their specimen signatures duly verified by the Managing Trustee will be required.
	<ul style="list-style-type: none"> • Copy of the Balance sheets for the last 2 financial years (To be submitted every year).
	<ul style="list-style-type: none"> • List of Trustees alongwith their Full address and address proofs
	<ul style="list-style-type: none"> • Obtain Trust deed and the trust deed should facilitate the proposed activity as permitted to be undertaken by the trust.
Private Trust	<ul style="list-style-type: none"> • List of Trustees alongwith their Full address and address proofs
	<ul style="list-style-type: none"> • Obtain Trust deed and the trust deed should facilitate the proposed activity as permitted to be undertaken by the trust.
	<ul style="list-style-type: none"> • The Board Resolution of Trust should also confirm the following: (a) the changes in trustees will be informed to RP immediately on the change (b) the warehousing commodities is approved activity as per trust deed.
Proprietary Concern	<ul style="list-style-type: none"> • Registration Certificate of Proprietary Concern
	<ul style="list-style-type: none"> • Photograph, POI,POA of Proprietor
Unincorporated Association or a body of individuals	<ul style="list-style-type: none"> • Proof of existence /Constitution documents
	<ul style="list-style-type: none"> • Resolution of the managing body granted to transact business on its behalf
	<ul style="list-style-type: none"> • Authorized signatories list with specimen signatures
Bank/Institutional Investors	<ul style="list-style-type: none"> • Copy of the constitutions/registration or annual report/balance sheet for the last 2 financial years
	<ul style="list-style-type: none"> • Authorized signatories list with specimen signatures
Army/Government Bodies	<ul style="list-style-type: none"> • Self -Certification on letterhead
	<ul style="list-style-type: none"> • Authorized signatories list with specimen signatures
Registered Society	<ul style="list-style-type: none"> • Copy of registration certificate under societies registration act
	<ul style="list-style-type: none"> • List of Managing Committee members
	<ul style="list-style-type: none"> • Committee resolutions for persons authorised to act as authorised signatories with specimen signatures
	<ul style="list-style-type: none"> • True copy of society rules and byelaws certified by the chairman /Secretary

Please submit the KYC documents on A4 Size Paper Only.

Details of Politically Exposed Persons (PEP)/ Related to Politically Exposed Person (RPEP). [For-non-individual] (Annexure 2A)

Name of holder _____ PAN of the holder _____

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

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