

# CLIENT – TM – CM LINKING FORM

<Repository Participant Name / Address /RP ID>

Trading  Margin

Request No. *		Request Date*	D	D	M	M	Y	Y	Y	Y
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(Please fill all the details in **Block Letters** in **English**)

RP ID*		Client ID*	
Client Name			

CE CC ID *	
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Exchange ID *		Exchange Name	
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CC ID *		CC Name	
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UCC *	
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TM ID *		TM Name	
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CM ID *		CM Name	
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**Authorised Signatory**

	Sole / First Authorised Signatory	Second Authorised Signatory	Third Authorised Signatory
Name*			
Signature*			

*(Signature should be preferably in blue ink).*

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

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

**Acknowledgement Receipt**

Received Depositor/Client - CM Linking request as per details given below:

Application No.		Date	D	D	M	M	Y	Y	Y	Y	
RP ID		Client ID									
Client Name											

**Repository Participant Seal and Signature**