



CDSL COMMODITY REPOSITORY LIMITED

RP ID

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REPOSITORY PARTICIPANTS (RP) MASTER CREATION FORM

Date: DD/MM/YYYY

RP with All Rights RP with Limited Rights RP – CM RP – CC RP – Pledgee

RP Name*: _____

Type* (Tick on anyone):-

- Individual
 Partnership
 Proprietorship
 Corporate Body – Pvt. Ltd.
 Corporate Body- Public Ltd (Listed)
 Corporate Body Public Ltd (Unlisted)
 Public Sector Undertaking
 Corporate Body –Co operative
 Bank – Public Sector
 Bank – Private Sector
 Bank – Other

Business Name *	
RP REGISTERED ADDRESS	
RP Address *	
City *	
Pin code*	
Census	
District*	
State*	
Country*	
FAX	
ISD/ STD & Phone Number 1*	
ISD/ STD & Phone Number 2	
ISD & Mobile Number 1*	
ISD & Mobile Number 2	
Email ID*	
Regulator Name *	<input type="checkbox"/> WDRA <input type="checkbox"/> RBI <input type="checkbox"/> SEBI <input type="checkbox"/> IRDAI <input type="checkbox"/> PFRDA
Registration Number	
Expiry Date	
Net worth as on (Specify date) *	
PAN *	
CIN *	
GSTN* (of billing address)	



CDSL COMMODITY REPOSITORY LIMITED

BANK DETAILS	
BANK NAME	
Bank Account Number*	
Account Type (Tick any one) *	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Overdraft
IFSC*	
MICR*	
RP BUSINESS ADDRESS	
RP Address *	
City *	
Pin code*	
Census	
District*	
State*	
Country*	
Fax	
ISD/ STD & Phone Number 1*	
ISD/ STD & Phone Number 2	
ISD & Mobile Number 1*	
ISD & Mobile Number 2	
Email ID*	
DESIGNATED CONTACT PERSON'S DETAILS	
Designated Contact Person's Name *	
Contact Person 's Designation*	
Contact Person's Mobile Number*	
Contact Person's Email Id *	
Aadhar *	
PAN *	



CDSL COMMODITY REPOSITORY LIMITED

AUTHORISED SIGNATORIES DETAILS			
	Sole / First Authorised Signatory	Second Authorised Signatory	Third Authorised Signatory
Name*			
Designation*			
Contact No.			
Pan No.			
Aadhaar No.			
Signature*			
Affix Passport size photograph of the Signatory*			

*Attach an annexure (duly signed) in the above format if the space is not sufficient.

APPLICATION TO BE SIGNED BY:

For individual - By the Individual himself/herself

For Partnership - By at least two working partners of the firm

For Co-operative - By two persons duly authorized by resolution in accordance with Bye Laws of the co-operative (submit copy of the relevant resolutions, duly signed)

For Corporate body - Managing Director/Whole Time Director/any other person authorized by the Board. (submit certified true copy of the relevant Board resolution)