



REGISTRATION KIT

Client Name _____

UCC Code _____

Branch Name _____

Branch Code _____

RM Name _____

RM Emp. Code _____

Trading Mode Online Offline

Form No.:

INDEX

Client Code:

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MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI & EXCHANGES

1.	Uniform Risk Disclosure Document (RDD)	Document detailing risk associated with dealing in the Commodities Market.	Client Copy
2.	Rights and Obligations	Document stating the Rights and Obligations of Member, Authorized Person and Client for trading on Exchanges (including additional rights & obligations in case of internet/wireless technology based trading).	
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Name of Commodity Broker- **ACEMONEY INTERMEDIARIES PVT. LTD.** CIN No. : U74899DL1985PTC022592
Registered/Correspondence Office : UG-1, Lusa Tower, Azadpur Commercial Centre, Azadpur, Delhi-110033 (INDIA) Ph.: 011-42700800
Membership ID : 55865 **SEBI Registration No.:** INZ000104331

Compliance Officer : Ms. Chetna Shoor
 Phone no. : 011-42700811 • Email id : compliance@acemoneyindia.com

CEO : Mr. Ravee Rraj Jain
 Phone no. : 011-42700800 • Email id : rr@acemoneyindia.com

Clearing Member Details : Globe Commodities Ltd. SEBI Registration No. INZ000024939

FOR OFFICE USE ONLY

(To be filled by Intermediaries / Employee)

I / We undertake that we have made the client aware of tariff sheet and all the voluntary/non-mandatory documents. I/We have also made the client aware of 'Rights and Obligations' document (s), RDD, 'Do's and Dont's' and Guidance Note. I/We have given/sent him a copy of all the KYC documents. I/We undertake that any change in the tariff sheet and all the voluntary/non-mandatory documents would be duly intimated to the clients. I/We also undertake that any change in the 'Rights and Obligations' and RDD would be made available on my/our website, if any, for the information of the clients.

INTRODUCER DETAILS (optional)

Name of the Introducer: F I R S T N A M E | M I D D L E N A M E | S U R N A M E |

Status of the Introducer:

 Authorized Person Existing Client Employee Others: (Please Specify Others)

Address of the Introducer:

Employee Code: Employee E-mail:

Mobile: Phone(with STD Code):

Signature of the Introducer : 

ACKNOWLEDGEMENT TO ACEMONEY FROM CLIENT

To,
ACEMONEY INTERMEDIARIES PVT. LTD.
Regd. Office : UG-I, Lusa Tower, Azadpur Commercial Centre,
Azadpur, Delhi-I 10033 (INDIA)

I/We intends to open a Commodity Trading account with Acemoney Intermediaries Pvt. Ltd. who is Member of MCX, and 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
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.acemoneyindia.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.

Sign here : (1)  Client Name: _____

(Tear Here)

RECEIPT OF PHYSICAL KIT

To,
ACEMONEY INTERMEDIARIES PVT. LTD.
Regd. Office : UG-I, Lusa Tower, Azadpur Commercial Centre,
Azadpur, Delhi-I 10033 (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. Other disclosure/ documents as agreed by me/us specifically in voluntary segment.

Sign here : (2)  Client Name: _____

Date: _____

(Tear Here)

DETAILS OF EXCHANGE MEMBERSHIP

Exchanges	Membership No.	SEBI/FMC Regn. No.
Multi Commodity Exchange (MCX)	CM-8550, TM 55865	INZ000104331

EXCHANGE-WISE INVESTOR GRIEVANCE CELL

Exchanges	E-mail ID	Phone No.
Multi Commodity Exchange (MCX)	grievance@mcxindia.com	022-67318888

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

(Tear Here)

Application Form (For Individuals Only)

MANDATORY



Please fill in **ENGLISH** and in **BLOCK LETTERS** with black ink

KYC Number of applicant _____

A. Identity Details (please see guidelines overleaf)

1. Name of Applicant (As appearing in supporting identification document).

Name*	Prefix	First Name	Middle Name	Last Name
Maiden Name (if any*)				
Father / Spouse Name*				
Mother Name*				

2. Gender Male Female Transgender B. Marital status Single Married Others C. Date of Birth [d][d]-[m][m]-[y][y][y][y]

3. Nationality / Citizenship* Indian Other (Please specify)

4. Residential Status* Resident Individual Non Resident Indian Foreign National Person of Indian Origin
(If Non Resident/Foreign National, self certified copy of statutory approval obtained must be attached)

Occupation (Please tick (3) any one and give brief details):

Private Sector Service Public Sector Government Service Business Professional Agriculturist
 Retired Housewife Student Others (Please specify)

5. PAN _____ Please enclose a duly attested copy of your PAN Card

Unique Identification Number (UID)/Aadhaar, if any: _____

6. Proof of Identity submitted for PAN exempt cases Please Tick (✓) (Please see guideline 'D' overleaf)

UID (Aadhaar) Passport Voter ID Driving Licence Others _____

PHOTOGRAPH

Please affix the recent passport size photograph and sign across it

B. Address Details (please see guidelines overleaf)

1. Address for Correspondence

City / Town / Village	Pin Code
State	Country

2. Contact Details

Tel. (Off.) (ISD) (STD)	Tel. (Res.) (ISD) (STD)
Mobile (ISD) (STD)	Fax (ISD) (STD)

MOBILE given by me belongs to Me my Spouse Dependent children Dependent Parent

E-Mail Id. _____

E-MAIL ID given by me belongs to Me my Spouse Dependent children Dependent Parent

3. Specify the Proof of Address submitted for Residence / Correspondence Address _____

4. Permanent Address of Resident Applicant if different from above B1 OR Overseas Address (Mandatory) for Non-Resident Applicant

City / Town / Village	Pin Code
State	Country

5. Specify the Proof of Address submitted for Residence / Permanent Address _____

C. Fatca & CRS Detail

Nationality/Tax Residency/Citizen ship Other than India No Yes

Country of Birth	Place/City of Birth
Country of Citizenship/Nationality	
Country of Tax Residency (Other Than India)	
Tax Payer Identification Number (Other Than India)	

D. Details of Related Person

Guardian of Minor Authorised Representative

Name*	Prefix	First Name	Middle Name	Last Name

DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I under take 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. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time. I hereby give my consent for receiving information including Central KYC Registry through SMS/Email on the above registered number/email address.

Place: _____

Date: _____

SIGNATURE OF APPLICANT

(3)

FOR OFFICE USE ONLY

Intermediary name OR code _____

(Originals Verified) Self Certified Document copies received

(Attested) True copies of documents received

Main Intermediary _____

Seal/Stamp of the intermediary should contain

Staff Name

Designation

Name of the Organization

Signature

Date

IN-PERSON VERIFICATION (IPV)

DOCUMENTS VERIFIED WITH ORIGINALS

CLIENT INTERVIEWED BY

Date: [d][d] / [m][m] / [y][y][y][y]

Institution Name & Code: _____

Employee/AP Details :

Name : _____

Code : _____

Designation : _____

Signature : _____

FATCA & CRS DECLARATION (FOR INDIVIDUAL)**MANDATORY**Do you have any non-indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency? Yes No

Sole/First Holder/Guardian	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country of Birth	
Country of Citizenship/ Nationality	
Are you a US Specified Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please provide Tax Payer Id
Country of Tax Residency* (Other then India)	Taxpayer Identification No.
1.	
2.	
3.	

*Please indicate all countries in which you are a resident for tax purpose and associated Taxpayer identification number.

FATCA - CRS Terms and Conditions

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 Acemoney Intermediaries Private Limited for any modification to this information promptly.

I further agree to abide by the provisions of the scheme related documents inter alia provisions of FATCA & CRS on Automatic Exchange of Information (AEOI).

Signatures ⁽⁴⁾  _____
Sole/First Holder Signature

*For detail terms & conditions please see Client Copy

ANNEXURE

Name, PAN, Residential Address and photographs of Promoters/Partners/Karta/Trustees and Wholetime/Other Directors :

1. Name

Date of Birth / / Status PAN

Residential Address

DIN UID DPIN

Photographs of Promoters / Partners / Karta / Trustees / Wholetime / Other Directors & authorised signatories

Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/Wholetime/Other Directors:

Politically Exposed Person (PEP)
 Related to a Politically Exposed Person (PEP)
 Not a Politically Exposed Person (PEP)
 Not Related to a Politically Exposed Person (PEP)

2. Name

Date of Birth / / Status PAN

Residential Address

DIN UID DPIN

Photographs of Promoters / Partners / Karta / Trustees / Wholetime / Other Directors & authorised signatories

Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/Wholetime/Other Directors:

Politically Exposed Person (PEP)
 Related to a Politically Exposed Person (PEP)
 Not a Politically Exposed Person (PEP)
 Not Related to a Politically Exposed Person (PEP)

3. Name

Date of Birth / / Status PAN

Residential Address

DIN UID DPIN

Photographs of Promoters / Partners / Karta / Trustees / Wholetime / Other Directors & authorised signatories

Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/Wholetime/Other Directors:

Politically Exposed Person (PEP)
 Related to a Politically Exposed Person (PEP)
 Not a Politically Exposed Person (PEP)
 Not Related to a Politically Exposed Person (PEP)

4. Name

Date of Birth / / Status PAN

Residential Address

DIN UID DPIN

Photographs of Promoters / Partners / Karta / Trustees / Wholetime / Other Directors & authorised signatories

Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/Wholetime/Other Directors:

Politically Exposed Person (PEP)
 Related to a Politically Exposed Person (PEP)
 Not a Politically Exposed Person (PEP)
 Not Related to a Politically Exposed Person (PEP)

5. Name

Date of Birth / / Status PAN

Residential Address

DIN UID DPIN

Photographs of Promoters / Partners / Karta / Trustees / Wholetime / Other Directors & authorised signatories

Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/Wholetime/Other Directors:

Politically Exposed Person (PEP)
 Related to a Politically Exposed Person (PEP)
 Not a Politically Exposed Person (PEP)
 Not Related to a Politically Exposed Person (PEP)

FATCA & CRS DECLARATION (FOR NON-INDIVIDUAL)

MANDATORY

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, 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 <input type="checkbox"/> (Refer 1 of Part C) or Direct reporting NFE <input type="checkbox"/> (Refer 3(vii) of Part C) (please tick as appropriate)	GIIN <input type="text"/> 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) <input type="checkbox"/>	<input type="checkbox"/> Applied for <input type="checkbox"/> Not obtained – Non-participating FI <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category <input type="text"/> (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 <input type="checkbox"/> (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 <input type="checkbox"/> (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: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of Stock Exchange _____
3.	Is the Entity an active NFE (Refer 2c of Part C)	Yes <input type="checkbox"/> Nature of Business _____ Please specify the sub-category of Active NFE <input type="text"/> (Mention code – refer 2c of Part C)
4.	Is the Entity a passive NFE (Refer 3(ii) of Part C)	Yes <input type="checkbox"/> 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 Acemoney Intermediaries Private Limited for any modification to this information promptly. I further agree to abide by the provisions of the scheme related documents inter alia provisions of FATCA & CRS on Automatic Exchange of Information (AEOI).

Name	
Designation	

(6)  _____
Sole/First Authorised Signatory

(1)  _____
Second Authorised Signatory

(1)  _____
Third Authorised Signatory

Place _____

Date ___/___/_____

*For detail terms & conditions in client copy

TRADING ACCOUNT RELATED DETAILS (For both Individuals & Non-individuals)**MANDATORY****A. BANK ACCOUNT(S) DETAILS**

Bank Name	Branch Address	Bank Account No.	A/c Saving/ Current/Others	MICR No.	IFSC Code

Note : Provide a copy of cancelled cheque leaves/passbook/bank statement specifying name of the client, MICR code or/and IFSC code of the bank.

B. DEPOSITORY ACCOUNT(S) DETAILS

Commodity Participant Name	Affiliated by	Accounting Software Name	Beneficiary Name	CP ID	Beneficiary ID (BO ID)

Note : Provide a copy of either Demat Master or a recent holding statement issued by DP bearing name of the client.

C. TRADING PREFERENCES

Name of the Commodity Exchanges	Date of consent for trading on concerned Exchange	Signature	Name of the Commodity Exchanges	Date of consent for trading on concerned Exchange	Signature
MCX		(7)			

[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]

D. ADDITIONAL DETAILS

1. Whether you wish to receive communication from Member in electronic form on your Email-id Yes No

Email-ID _____ (please specify) Signature _____

2. Whether you wish to avail of the facility of internet trading/ wireless technology : Yes No (if yes, then please specify)

Application Base Trading Web Base Trading

3. Gross Annual Income (Please tick 3): Below 1 Lac 1-5 Lac 5-10 Lac 10-25 Lac >25 Lac

Net-worth in ₹. (*Net worth should not be older than 1 year) _____ as on (date) [d | d | / | m | m | / | y | y | y | y |]

4. Please tick, if applicable: Politically Exposed Person Related to a Politically Exposed Person

For definition of PEP, please refer guideline overleaf

5. Any other information: _____

E. INVESTMENT / TRADING EXPERIENCE

No Prior Experience _____ Years in Commodities _____ Years in other investment related fields

F. GST REGISTRATION DETAILS

(Please give details of all States where you are Registered)

(In case the space provided below is insufficient then please attache another format)

S.No.	State	GST Registration No.	Validity Date
1.			
2.			
3.			

G. DEALINGS THROUGH OTHER MEMBERS

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

Member's/Authorized Person (AP)'s Name : _____

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

Exchange : _____

Exchange's Registration Number : _____

Registered Office Address : _____

_____ Ph. _____ Fax _____

E-mail _____ Website _____

Client Code : _____

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

H. PAST REGULATORY ACTIONS

Details of any action/proceedings initiated/pending/ taken by SEBI/ FMC/ Commodity Exchange/ Stock exchange / any other authority against the client during the last 3 years :

I. NOMINATION DETAILS (for individuals only) I / We wish to nominate I / We do not wish to nominate

Name of the Nominee : _____ Relation with the Nominee : _____

PAN of Nominee : _____ Date of Birth of Nominee :

Address & Phone No. of the Nominee : _____

If Nominee is a minor, details of guardian :

Name of Guardian : _____

Address & Phone No. of the Guardian : _____

Signature of Guardian :

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

Name :

Name :

Address: _____

Address: _____

Signature of 1st witness

Signature of 2nd witness

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 hereby confirm that I/we have read, understood, agreed and received a duly executed copy of the:-
 - Account Opening Form, Trading Account Related Details and Tariff Sheet
 - Other disclosure/documents as agreed by me/us specifically in voluntary segment.
 - Terms & Conditions as mutually agreed by me/us
 - FATCA & CRS Terms & Conditions
 - Other disclosure/documents as agreed by me/us specifically in voluntary segment.
 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:

*Form need to be signed by all the authorized signatories (in case of Corporate).

(8)

Signature of Client/(all) Authorized Signatory(ies)

TARIFF SHEET

BROKERAGE STRUCTURE

MANDATORY

Brokerage Slab	%	Minimum Paisa	
Normal	<input style="width: 50px; height: 20px;" type="text"/> %	<input style="width: 50px; height: 20px;" type="text"/> .00	Sign here : (9)
Delivery	<input style="width: 50px; height: 20px;" type="text"/> %	<input style="width: 50px; height: 20px;" type="text"/> .00	
Spot Trading	<input style="width: 50px; height: 20px;" type="text"/> %	<input style="width: 50px; height: 20px;" type="text"/> .00	

Important Note : In case if you have not opted for ECN, Contract note would be send in physical and up to Rs. 25/- per trade date would be charged as a minimum processing fee which is in addition to the total brokerage. Further, in addition to Exchange levied penalty for short/non collection of margin, a delay payment charges up to @2% per month would be charged for debit / shortage in pay in / margin default, as per exchange requirements. Depository / Pledge charges for the movement of commodity / shares between pool / beneficiary / margin account for pay in / payout or margin purpose will be charged. SEBI Turnover Fees / Risk Management Fees / Transaction charges / Clearing charges / Statutory charges / Courier / Administration / Processing / Warehouse charges / Open interest charges/or any other charges and penalties prescribed / levied by Exchange / Regulatory authority from time to time will be charged as applicable. Handling charges for issue of account statement, copy of contract note etc. will be charged as applicable.

Sign here : (10)

ACEMONEY INTERMEDIARIES PVT. LTD.

Member : MCX

Date : _____

UG-I, Lusa Tower, Azadpur Commercial Centre, Azadpur, Delhi-I 10033 (INDIA)

A. RUNNING ACCOUNT AUTHORISATION

Dear Sir,

1. I / We am / are aware that as per the SEBI/ Exchange requirements, the settlement of funds is to be done within 48 hours of receiving the relevant pay out from the Exchange. I / We am/are also aware and understand that it is difficult to manage repeated payments with respect to all commodity market as well as equity market transactions. Also, I/we desire to use my/our commodities, stocks and monies as margin / collateral without which we cannot deal / trade.
2. Therefore, I/We hereby request and authorize you to maintain my account as a running account(s) which will entail that all funds/commodities due to us on payout shall be withheld with yourselves beyond the stipulated deadline send given to us only on demand. You shall transfer the funds lying in our credit within given Exchange prescribed time frame of my / our request.
3. I / We further authorize you to debit the funds from my / our running accounts and make pay-in of commodities /funds to exchanges. Subject to your discretion and valuation, please treat my / our collaterals and funds lying to my/our credit in running accounts as margin / collateral for my / our dealings / trading.
4. I/We further authorize you to debit/credit/transfer the funds between the various commodity Exchanges as well as equity market to clear / set off / adjust my / our debit balance or various dues payable to you / Exchange(s).
5. I / We acknowledge that I / We can revoke the above mentioned running account authority at any time by sending a signed instruction through post.
6. I/We request you to settle my funds account once in the period as allowed by SEBI/Exchange(s) from time to time except the collaterals given by me / us towards margins. I /we agree that AMIPL may retain an amount as prescribe by the exchanges or SEBI from for effecting settlement of funds in my / our account. This amount should be released based on my/our specific request only.
7. I / We confirm youthat I will bring to your notice any dispute arising from the statement of account or settlement so made in writing within 7 working days from the date of receipt of funds/securities or statement of account or statement related to it as the case may be in writing at your registered office.

In case I / We have an open position on the settlement date, you may retain the requisite funds to meet the maximum likely margin obligations for the next 3 trading days as you may decide, subject to the relevant market conditions.

Sign here : (11) 

Client Name: _____

B. VERBAL ORDER ACCEPTANCE AUTHORISATION

Dear Sir,

I/we am/are dealing with you as client at MCX in Derivative Segment. As my/our broker i.e. agent I/We direct and authorize you to carry out trading/ dealing on my/our behalf as per instruction given below.

I/We agree and acknowledge that it is advised by you that I/We should give instruction for order placement/ modification and cancellation in writing and to avoid disputes, I/We must give instruction in exactly the format given below in duplicate (carbon copy/ photocopy only) and take signatures of at least two authorized officers at the branch along with company stamp on the carbon copy/ photocopy of the instructions in acknowledgment of receipt of my our instructions.

However as I/We shall be dealing by ordering over phone and even if we visit the branch, the fluctuations in market are so rapid the it is not practical to give written instructions for order placement/modification and cancellation, I/We hereby authorize you to accept my/our authorized representative's verbal instructions for order placement/modification and cancellation in person or over phone (fixed line/mobile phone) and execute the same. I / We understand the risk associated with verbal orders and accept the same, and agree that I/We shall be liable for all losses, damages and actions which may arise as a consequence of your adhering to and carrying out my/our directions given above.

Thanking You

Yours Faithfully,

Sign Client : (12) 

Name : _____

C. OTHER AUTHORIZATIONS

VOLUNTARY

Dear Sir,

I / We am / are dealing in Commodity with you at Commodity Exchange and in order to facilitate ease of operations, I / We authorize you as under:

1. I / We hereby authorize you to keep all the commodities & stocks 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 with the custodian and/or taking loan against the same of meeting margin/pay-in obligation on our behalf or for giving the same as margin to the Commodity Exchange or otherwise.
2. 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 agreed for getting required details from contract note issued by you.
3. 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.
4. I / We will inform you the change in my/our email id either by telephonically/post/email.
5. Trading of Commodity is in Electronic Mode, based on VSAT, leased line, ISDN, Modem, Internet 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 not processing buy or sell orders either in part or in full. I/We understand that you are not making any representation or warranty that your service will be available to the Client at all times without any interruption. I/We agree that I/We shall not have any claim for any loss incurred by me/us against you on account of any suspension, delay, interruption, nonavailability or malfunctioning of your System or Service for any reason whatsoever. I / We agree that I / We shall be fully liable and responsible for any such problems / glitch.
6. 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.
7. 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.
8. I / We agree that any loss due to any erroneous entry / erroneous order modification shall be entertained only to the extent of insurance claim received.
9. 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.
10. With reference to Trading Account opened with you for the purpose of dealing in Commodities Derivative Segment of the Exchange. In case of default in daily margin or failure to fulfill in any additional margin requirement stipulated by you (including levied by the Exchanges) or if any outstanding debt occur in my/our account, I/We irrevocably authorize you to close out/liquidate whole or any part of my/our position without prejudice to your right to refer the matter to Arbitration. Any or all losses and financial charges on account of such liquidation/closing out, etc shall be charged to and borne by me/us. If due to power failure, connectivity failure, circuit breakers, lack of market depth or any other reason, my/our open trade is not squared off on the same day, you may square off the same on subsequent trading session.

Name : _____

Client Code : _____

Date : _____

Sign here : (13) 

ACEMONEY INTERMEDIARIES PVT. LTD.**Member : MCX**UG-I, Lusa Tower, Azadpur Commercial Centre,
Azadpur, Delhi-I 10033 (INDIA)

Dear Sir,

Sub : Authority to Trade on my/our behalf

I/we am/are the holder of a trading account bearing number..... (Here in after referred to as the "Account") opened and maintained with you and wish to appoint/nominate (Here in after referred to as the "Representative"), s/d of..... aged about.....years, presently residing at to perform all or any of the following acts, deeds and things. for and on my/our behalf and in my/our interest.

1. To operate the Account on my/our behalf.
2. To issue necessary instructions to you, for purchase, sale or transfer of Commodities from or to the Account as per Representative own judgment and to sign necessary documents. wherever required effectuating such instructions of purchase, sale or transfer of Commodities from or to the Account.
3. To make or cause to make payments to ACEMONEY INTERMEDIARIES PVT. LTD. (AMIPL) whenever necessary. and in accordance with my/our obligations in accordance with the terms and conditions of various agreements executed between me/us and AMIPL.
4. To duly honour all my/our contractual obligations under various agreements executed between me/us and AMIPL including but not limited to the RIGHTS AND OBLIGATIONS OF AMIPL, AUTHORIZED PERSONS AND me/us as prescribed by SEBI and Commodity Exchanges and/or any other undertaking, commitment issued by my/us in favour or AMIPL.
5. To accept and give valid discharges for acceptance and submission of contract notes, bills, ledger statements, transaction statements and all correspondence on my behalf and report any discrepancy therein to AMIPL.
6. To receive & accept necessary telephonic calls pertaining to margin &/or trade confirmation or any other call including verification call from AMIPL & undertake to update this contact detail in writing with AMIPL in the event of any such change. taking place at any time in future.
7. To sincerely abide by the Statutes, Rules, Regulations and Guidelines prescribed for the purpose and in relation to the operation of the Account.
 - a. I/we hereby agree and undertake that all such acts, deeds and things done by the Representative shall be deemed to be binding up on me/us as the same has been done by me/us only and I/we shall hereby ratify all and such acts, deeds. or things done by Representative in any manner whatsoever in discharge of the duties conferred upon him/her under the present instrument.
 - b. I/we hereby agree and undertake to indemnify and keep AMIPL including its directors. officers and employees indemnified against any loss, claims. liabilities, obligations. damages. deficiencies, actions, suits, or proceedings aroused / accrued or caused to the AMIPL for any wrong act, deed or thing done by the Representative in any manner whatsoever in exercise of the powers conferred upon him.
 - c. I/we further undertake and agree not to challenge any act, deed or things done by said Representative in any manner.
 - d. I/we hereby agree and acknowledge that this letter of Authority shall be effective and operational until AMIPL received and acknowledged revocation letter at its registered office.

Name : _____

Client Code : _____

Date : _____

Sign here : (14) 

ELECTRONIC CONTRACT NOTE (ECN) DECLARATION (VOLUNTARY)

ACEMONEY INTERMEDIARIES PVT. LTD.

Member : MCX

UG-I, Lusa Tower, Azadpur Commercial Centre, Azadpur, Delhi-I 10033 (INDIA)

Dear Sir,

I, _____ a client with Acemoney Intermediaries Pvt. Ltd. of MCX, Exchange undertake as follows:

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

The above declaration and the guidelines on ECN given in the Annexure have been read and understood by me. I am aware of the risk involved in dispensing with the physical contract note, and do hereby take full responsibility for the same.

* (The email id must be written in Own handwriting of the client.)

Client Name :

Unique Client code :

PAN :

Address :

(15) 

Name of the designated officer of the Member

Date : _____ Plate : _____

Signature 

DECLARATION BY THE CLIENT TO ABIDE THE NET OPEN INTEREST POSITION AS PERMISSIBLE IN ANY COMMODITY

Dear Sir,

Subject : My / Our request for trading in commodity forward contracts / commodity derivatives on All Exchanges as your client

I/We, the undersigned, have taken cognizance of circular no. MCX/338/2006 dated August 21, 2006 issued by the Multi Commodity Exchange of India Ltd. (MCX) any other circulars issued by SEBI/Exchange from time to time on stated matter on the guidelines for calculation of net open positions permitted in any commodity and I/We hereby undertake to comply with the same. I/We hereby undertake that I/we do not trade through any Trading Member other than Acemoney Intermediaries Pvt. Ltd.

OR

I/We hereby declare that I/we are also trading in Commodities through _____ (name of the Trading Member) having Member ID _____ in MCX under the Client ID _____ and through _____ name of the Trading Member having Member ID _____ in MCX under the Client ID _____.

I/We hereby declare and undertake that I/we will not exceed the position limits prescribed from time to time by MCX or SEBI and such position limits will be calculated in accordance with the contents of above stated circulars of all exchanges as modified from time to time.

I/We undertake to inform you or keep you informed if any of our partners/directors/karta/trustee or any of the partnership firms/companies/HUFs/Trusts in which I or any of above such person is a partner/director/karta/trustee, take or holds any position in any commodity forward contract/commodity derivative on MCX through you or through any other member(s) of MCX, to enable you to restrict our position limit as prescribed by the above referred circular of MCX as modified from time to time.

I/We confirm that you have agreed to enter orders in commodity forward contracts/commodity derivatives for me/us as your client on MCX only on the basis of our above assurance and undertaking.

I/We further undertake to bear any liability/penalty/charges levied by MCX for the non compliance of the aforesaid circulars or as modified from time to time.

Yours faithfully

Sign here : (16) 

DECLARATIONS BY CLIENT**VOLUNTARY**

1. **NO MARKET MANIPULATION:** I undertake not to execute transaction, either singly or in concert with other clients, which may be viewed as manipulative trades viz. artificially raising, depressing or maintaining the price, creation of artificial volume, synchronized trades, cross trades, self trades, etc or which could be termed as manipulative or fraudulent trades by SEBI/Exchanges. In case I am found to be indulging in such activities, ACEMONEY has every right to inform the Exchange/SEBI/other regulatory authority of the same and suspend/close my trading account.
2. **PMLA DECLARATION :** I declare that I have read and understood the contents and the provisions of the PMLA Act, 2002 which were also explained to me by ACEMONEY officials. I further declare that I shall adhere to all provision of PMLA Act, 2002. I further declare that I shall undertake and confirm that,
 - a. I do not have any links with any known criminal
 - b. I am a genuine person and not involved or indulge knowingly or assisted, directly or indirectly, in any process or activity connected with the proceeds of crime nor I am a party to it. The investment money is derived from proper means and does not involve any black or Hawala money in any manner.
3. **INDEMNITY OF JOINT HOLDINGS:** I hereby agree to indemnify and hold ACEMONEY harmless from any trade related claims, demands, action, proceedings, losses, damages, liabilities, charges and/or expenses arising from transactions in securities held jointly by me with any other person or persons, if any.
4. **NRI DECLARATION :** I undertake to keep inform ACEMONEY about my tax status from resident to NRI or vice versa. I understand that if the sole/first applicant has or attains NRI status, investments in scheme of mutual funds can be made only upon providing foreign inward remittance certificate (FIRC) to ACEMONEY every time the investment is made.
5. **MOBILE & Email ID DECLARATION**
 I declare that my mobile no is _____ and email id is _____.
 The mobile belongs to my _____ spouse/father/mother/son/daughter and email id _____ belongs to my spouse/father/mother/ son/daughter and I authorize ACEMONEY that the same may be used for giving me any information/alert/SMS.

(17)  Client Signature

6. **CLIENT DEFAULTER DECLARATION :** I hereby declare that I have not been involved in any terrorist activities and I have not been declared a defaulter or my name is not appearing in defaulter database as per SEBI Various Exchange/Regulatory bodies, etc.
7. I hereby express my preference for receiving RDD, Policies & Procedures, Do's & Don'ts for Trading & Rights and Obligations for Trading and Depository Services and other specified in the index of this booklet in electronic form I physical form.
 Electronic Physical Form

Client Signature

BANK VERIFICATION LETTER

(On the Letterhead of the Firm)

To,
Acemoney Intermediaries Private Limited
 Regd. Office : UG- I, Lusa Tower,
 Azadpur Commercial Centre, Azadpur, Delhi- I I 0033 (INDIA)

Dated : _____

Sub.: Mapping of bank account in trading code.

Dear Sir,

We are maintaining a bank account number _____ bank account number _____ with _____ bank name _____ bank. Request you to map this bank account in trading account of proprietor Mr./Ms. _____ name of proprietor _____ for all fund pay-in and pay-out purposes. PAN number of proprietor is _____ mention PAN number _____
 Signature of Proprietor is being attested by bank here/ separate bank verification letter attached.

For _____ name of prop. firm _____

(Name and Sign of Authorized Signatory)

Trading Code:

For verification by Bank officials :

Signature of Proprietor



Above Signatures are correct as per out records and
 Ms./Mr. _____ is proprietor
 of M/s. _____

Signature and Stamp
by Banker

DECLARATION BY KARTA & ALL THE CO-PARCENERS (FOR HUF ONLY)

To,

ACEMONEY INTERMEDIARIES PVT. LTD.

UG-I, Lusa Tower, Azadpur Commercial Centre, Azadpur, Delhi-I 110033 (INDIA)

- Whereas the Hindu Undivided Family of.....is carrying on business in the firm name and style of..... at , we intent to deal or desire to have Commodities Trading Account with ACEMONEY INTERMEDIARIES PVT. LTD. (hereinafter referred as Member). We undersigned, hereby confirm and declare that we are the present adult co-parceners of the said joint family; that Mr./Mrs..... is the present Karta of the said joint family.
- We confirm that affairs of HUF firm are carried on mainly by the Karta Mr/ Mrs. on behalf and in the interest and for the benefits of all the co-parceners. We hereby authorize the Karta on behalf of the HUF to deal with the member and the said trading member is hereby authorized to honor all instructions oral or written, given by him on behalf of the HUF. He is authorized to sell, purchase, transfer, endorse, negotiate documents and/or otherwise deal through the member on behalf of the HUF.
- He is also authorize to sign execute and submit such applications, undertakings, agreements and other requisite documents, writings and deeds as may be deemed necessary or expedient to open account and give effect to this purpose. We are, however, jointly and severally responsible for all liabilities of the said HUF firm shall be recoverable from the assets of any one or all of us and also from the estate of the said joint family including the interest thereon of every co-parceners of the said joint family, including the share of the minor co parceners, if any. We undertake to advise the member in writing of any change that may occur in the Karta ship or in the constitution of the said joint family or of the said HUF firm and until receipt of such notice by the member who shall be binding on the said joint family and the said HUF firm and on our respective estates. We shall, however continue to be liable jointly and severally to the member for all dues obligations of the said HUF firm in the Member's book on the date of the receipt of such notice by the member and until all such dues and obligations shall have been liquidated and discharged.
- The names and dates of the birth of all the present minor & major co-parceners of the said joint family are given below. We also undertake to inform you in writing as and when each of the said members attains the majority and is authorized to act on behalf of, and bind the said HUF firm.

List of Family Members

S. No.	Name of the Co-parceners (Including Minor also)	Relationship with Karta	PAN No.	Address (if other than Karta's address)	Date of Birth	Signature
1.						
2.						
3.						
4.						
5.						
6.						

Note : For NCDEX clients, in case of adult family member provide copy of PAN card or any other ID proof (DL/Voter ID/ Passport). In case of Minor Family Member provide copy of age certificate (Birth Certificate/School Leaving Certificate).

Name of the HUF : _____

Signature of Karta with Rubber Stamp

Date : _____ Place : _____

FORMATS

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 ACEMONEY INTERMEDIARIES Pvt. Ltd., member of The 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 Acemoney Intermediaries 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 authorized to sign or to execute as may be 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 any one 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).

AUTHORITY LETTER IN FAVOUR OF MANAGING PARTNER / (S)

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

To,
ACEMONEY INTERMEDIARIES PRIVATE LIMITED
Regd. Office : UG-1, Lusa Tower,
Azadpur Commercial Centre, Azadpur, Delhi-I 10033 (INDIA)

Sir,
We the partners of M/s. _____ a
partnership firm having its office at _____ hereby authorize

Mr./Ms. _____ and
Mr./Ms. _____ to
open a commodities trading account in Derivative Segment on behalf of the firm M/s./ Mr. / Ms. _____
_____ with the

Trading Member ACEMONEY INTERMEDIARIES PVT. LTD. for sale and purchase of commodities in Derivative
Segment or any other segment that may be introduced by MCX in future. He/She/They is/are authorized on behalf of the
firm to deal in derivative & spot and the said Trading Member is hereby authorized to honor all instructions oral or
written, given on behalf of the firm by him/her/them.

Mr./Ms. _____ and
Mr./Ms. _____ is/are
authorized to sell, purchase, transfer, endorse, and negotiate documents and/or/otherwise deal through ACEMONEY
INTERMEDIARIES PVT. LTD. on behalf of the firm M/s. _____

He/She/They is/are also authorised to sign, execute and submit such applications, undertakings, agreements and other
requisite documents, Writings and deeds as may be deemed necessary or expedient to open account and give effect to
this purpose.

However any partner(s)/authorized signatory (ies) can issue cheques from bank account(s) in favour of ACEMONEY
INTERMEDIARIES PVT. LTD. for credit to commodity trading account of the firm with ACEMONEY
INTERMEDIARIES PVT. LTD., even though his/their signatures may not be available on the records of ACEMONEY
INTERMEDIARIES PVT. LTD.. These cheques may either be from the account of partnership firm or from individual
account the said amount so given shall be solely/exclusively for the account of the firm maintained with ACEMONEY
INTERMEDIARIES PVT. LTD..

We also recognize that a beneficiary account cannot be opened with a Commodity Participant (CP) in the name of the
partnership firm as per Depository regulations. To facilitate the operation of the above trading account with you and for
the purpose of completing the commodities transfer obligations, pursuant to the trading operations, we authorize you
to recognize the beneficiary account No. _____ with Depository having CP ID _____ opened
as a singly/jointly in the name of Managing partner/partners of the firm.

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

Thank You.

Yours Truly

Name : _____

Signature of partner with rubber stamp

INSTRUCTIONS / CHECKLIST FOR FILLING KYC FORM

A. IMPORTANT POINTS:

1. Self attested copy of PAN card is mandatory for all clients, including Promoters/Partners/ Karta/Trustees and whole time directors and persons authorized to deal in securities on behalf of company/firm/others.
2. Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the below mentioned list.
3. If any proof of identity or address is in a 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. Unique Identification Number (UID) (Aadhaar)/ Passport/ Voter ID card/ Driving license.
2. PAN card with photograph.
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. Unique Identification Number (UID) (Aadhaar) / 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 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, 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 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.

List of people authorized to attest the documents:

1. Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/ Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
2. In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy /Consulate General in the country where the client resides are permitted to attest the documents.
- F. In case of Non-Individuals, additional documents to be obtained from non-individuals, over & above the POI & POA, as mentioned below:

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.

INSTRUCTIONS / CHECKLIST (for filling additional information related to trading account)

1. Additional documents in case of trading in derivatives segments - illustrative list:

Copy of ITR Acknowledgement	Copy of Annual Accounts
In case of salary income - Salary Slip, Copy of Form 16	Net worth certificate
Copy of demat account holding statement.	Bank account statement for last 6 months
Any other relevant documents substantiating ownership of assets.	Self declaration with relevant supporting documents.

*In respect of other clients, documents as per risk management policy of the stock broker need to be provided by the client from time to time.

2. Copy of cancelled cheque leaf/ pass book/bank statement specifying name of the constituent, MICR Code or/and IFSC Code of the bank should be submitted.

3. Demat master or recent holding statement issued by DP bearing name of the client.

For individuals:

- a. Stock broker has an option of doing 'in-person' verification through web camera at the branch office of the stock broker/sub-broker's office.
- b. In case of non-resident clients, employees at the stock broker's local office, overseas can do 'in-person' verification. Further, considering the infeasibility of carrying out 'in-person' verification of the non-resident clients by the stock broker's staff, attestation of KYC documents by Notary Public, Court, Magistrate, Judge, Local Banker, Indian Embassy / Consulate General in the country where the client resides may be permitted.

For non-individuals:

- a. Form need to be initialized by all the authorized signatories.
- b. Copy of Board Resolution or declaration (on the letterhead) naming the persons authorized to deal in securities on behalf of company/firm/others and their specimen signatures.

CHECKLIST OF DOCUMENTS TO BE SUBMITTED ALONG WITH THE FORM

A. Proof of Identity (POI): - List of documents admissible as Proof of Identity:			
<input type="checkbox"/>		PAN card with photograph/Unique Identification Number (UID) (Aadhaar)/ Passport/ Voter ID card/ Driving license. <small>Important: Copy of P AN card is mandatory .</small>	
<input type="checkbox"/>		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.	
B. 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.)			
<input type="checkbox"/>		Unique Identification Number (UID) (Aadhaar) / Passport/ Voters Identity Card/ Ration Card/ Registered Lease or Sale Agreement of Residence/ Driving License/ Flat Maintenance bill/ Insurance Copy.	
<input type="checkbox"/>		Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill - Not more than 3 months old.	
<input type="checkbox"/>		Bank Account Statement/Passbook - Not more than 3 months old.	
<input type="checkbox"/>		Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts.	
<input type="checkbox"/>		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.	
<input type="checkbox"/>		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.	
<input type="checkbox"/>		For FII/sub account, Power of Attorney given by FII/sub-account to the Custodians (which are duly notarized and/or apostiled or consularised) that gives the registered address should be taken.	
<input type="checkbox"/>		The proof of address in the name of the spouse may be accepted.	
C. ADDITIONAL DOCUMENTS in case of trading in derivatives segments - illustrative list:			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of ITR Acknowledgement	Copy of Annual Accounts	Net worth certificate	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In case of salary income - Salary Slip, Copy of Form 16	Bank account statement for last 6 months	Copy of demat account holding statement.	
<input type="checkbox"/>	<input type="checkbox"/>		
Any other relevant documents substantiating ownership of assets.	Self declaration with relevant supporting documents.		
*In respect of other clients, documents as per risk management policy of the stock broker need to be provided by the client from time to time.			
D. BANK PROOF			
<input type="checkbox"/>	Copy of cancelled cheque leaf/ pass book/bank statement specifying name of the constituent, MICR Code or/and IFSC Code of the bank should be submitted.		
E. DEMAT ACCOUNT PROOF			
<input type="checkbox"/>	Demat master or recent holding statement issued by DP bearing name of the client.		
F. SPECIFIC INSTRUCTIONS FOR HUF			
<input type="checkbox"/>	The Depository Account cannot be opened in joint names.		
<input type="checkbox"/>	The Depository account shall be opened in the name of Karta under HUF category however PAN & Bank details of HUF to be mentioned		
<input type="checkbox"/>	Please submit duly signed declaration with the names and signatures of all the co-parceners on letter head of HUF as per format.		
G. SPECIFIC INSTRUCTIONS FOR PARTNERSHIP FIRM			
<input type="checkbox"/>	The depository account to be opened in the name of partner(s) under individual capacity in case of partnership firm, however PAN & Bank details of FIRM to be mentioned		
<input type="checkbox"/>	Please provide a clear photocopy of the PAN Card of the Partner(s) in whose names depository account is to be opened.		
<input type="checkbox"/>	Please provide a certified true copy of the Partnership deed.		
<input type="checkbox"/>	Please submit duly signed declaration with the names and signatures of all partners on letter head of Partnership Firm as per format.		
H. SPECIFIC INSTRUCTIONS FOR CORPORATE			
<input type="checkbox"/>	Copy of the balance sheets for the last 2 financial years (to be submitted every year).		
<input type="checkbox"/>	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).		
<input type="checkbox"/>	Photograph, POI, POA, PAN and DIN numbers of whole time directors/two directors in charge of day to day operations.		
<input type="checkbox"/>	Photograph, POI, POA, PAN of individual promoters holding control - either directly or indirectly.		
<input type="checkbox"/>	Copies of the Memorandum and Articles of Association and certificate of incorporation.		
<input type="checkbox"/>	Copy of the Board Resolution for investment in securities market.		
<input type="checkbox"/>	Authorised signatories list with specimen signatures.		

Please provide an initial cheque in favour of "Acemoney Intermediaries Pvt. Ltd." towards accounts opening charges, platform charges, subscription amount & margin amount whichever applicable.

- Note:
1. Complete document to be signed by person himself/herself not to be signed by his/her attorney/ authorised person etc.
 2. Trading in currency derivative allowed only to resident clients.
 3. All supporting documents should be Self-Attested by client.
 4. Fill all the requisite details in KYC form and other documents.
 5. Strike off the boxes or space, which are not applicable.

FOR OFFICE USE ONLY

Branch Code										
Depository	<input type="checkbox"/> Normal					<input type="checkbox"/> LIFETIME				
Client Code Allotted	Equity		Depository							
Initial Cheque Details										
Cheque No.		Dated	dd / mm / yyyy	Amount						
Drawn on										
	Name	Employee / Introducer Code			Signature					
Introducer										
RM										
Dealer										

