



SIDDHARTHA COMMODITIES PVT. LTD.

(Member: MCX)

Regd. & Corp. Office:

C-73, Adarsh Nagar, Near Adarsh Nagar Police Station, Jaipur-302004

Tel: +91-141-4911811 / Mob: +91-7792007792

Email: info@siddharthacommodities.com / Website: www.siddharthacommodities.com

For: Individual Body Corporate Huf Partnership Others

Branch Name		Branch Code	
Client Name		Client Code	
RM Name		Employee Code	



SIDDHARTHA COMMODITIES PVT. LTD.

CIN : U51109RJ2004PTC019795

Member: Multi Commodity Exchange of India (MCX)

SEBI Regn. No.: INZ000086139

Member ID: 31460

Regd. Off.: C-73, Adarsh Nagar, Near Adarsh Nagar Police Station,
Jaipur, Rajasthan 302004

Tel: +91-141-4911811 / Mob:+91- 7792007792

E-mail: info@siddharthacommodities.com

Website: www.siddharthacommodities.com

Compliance Officer

Amit Kumar

Ph.: 0141-4911811, 7792007792

Email :info@siddharthacommodities.com

Director

Ajay Gangwal

Ph.: 0141-4911811, 9314565653

Email :info@siddharthacommodities.com

For any grievance/dispute please contact **SIDDHARTHA COMMODITIES PVT. LTD.** at the above address or email id- info@siddharthacommodities.com and Phone No. +91-141-4911811. In case not satisfied with the response, please contact the concerned exchange (MCX) grievance@mcxindia.com and Phone No. +91-22-67318888, **022-66494000**



SIDDHARTHA COMMODITIES PVT. LTD.

ACKNOWLEDGEMENT LETTER

To,

Siddhartha Commodities Pvt. Ltd.

Dated _____

Regd. Off.: C-73, Adarsh Nagar, Near Adarsh
Nagar Police Station, Jaipur, 302004 (RAJ.)

Dear Sir/ Madam,

I hereby opt to get the document listed below in -

Electronic Form Physical Form

1. Uniform Risk Disclosure Document for Commodities Market.
2. Rights and Obligations of Members, Authorized Persons and Clients (including additional rights & obligations in case of internet / wireless technology based trading).
3. Guidance Note - Do's and Don'ts for dealing in Commodities Market for Investors.

Yours faithfully,



Signature of Client

INDEX OF DOCUMENTS

MANDATORY DOCUMENTS

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1.	Account Opening Form	KYC Form – Document captures the basic information about the constituent and an Instruction / checklist.	1-14
2.	Uniform Risk Disclosure Document (RDD)	Document detailing risks associated with dealing in the commodities market	Given to Client with Welcome Kit
3.	Rights and Obligations of Members, Authorized Persons and Clients.	Document stating the Rights & Obligations of member, Authorized Person and client for trading on exchanges (including additional rights & obligations in case of internet/wireless technology based trading).	
4.	Do's and Don'ts for the Investors	Guidance Note for dealing in commodities market.	
5.	Tariff Sheet	Document detailing rate / amount of brokerage and other charges levied on the client for trading on the commodity exchange(s).	15

VOLUNTARY DOCUMENTS

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SIDDHARTHA COMMODITIES PVT. LTD.

MANDATORY DOCUMENTS

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual

Important Instructions:

- A) Fields marked with "*" are mandatory fields.
- B) Please fill the form in English and in BLOCK letters.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please read section wise detailed guidelines/instructions at the end.
- E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- F) List of two character ISO 3166 country codes is available at the end.
- G) KYC number of applicant is mandatory for update application.
- H) For particular section update, please tick (✓) in the box available before the
- I) section number and strike off the sections not required to be updated.



For office use only (To be filled by financial institution)

Application Type* New Update

KYC Number (Mandatory for KYC update request)

Account Type* Normal Simplified (for low risk customers) Small

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

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T- Transgender	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/>)		
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian		
	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin		
Occupation Type*	<input type="checkbox"/> S-Service (<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector)	<input type="checkbox"/> O- Others (<input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student)		
	<input type="checkbox"/> B- Business			
	<input type="checkbox"/> X- Not Categorized			

PHOTO

Signature / Thumb Impression

2. TICK IF APPLICABLE RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction **B** at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence*

Tax Identification Number or equivalent (If issued by jurisdiction)*

Place/City of Birth* ISO 3166 Country Code of Birth*

3. PROOF OF IDENTITY (PoI)* (Please refer instruction **C** at the end)

(Certified copy of **any one** of the following Proof of Identity [PoI] needs to be submitted)

<input type="checkbox"/> A- Passport Number <input type="text"/>	Passport Expiry Date <input type="text"/>
<input type="checkbox"/> B- Voter ID Card <input type="text"/>	
<input type="checkbox"/> C- PAN Card <input type="text"/>	
<input type="checkbox"/> D- Driving Licence <input type="text"/>	Driving Licence Expiry Date <input type="text"/>
<input type="checkbox"/> E- UID (Aadhaar) <input type="text"/>	
<input type="checkbox"/> F- NREGA Job Card <input type="text"/>	
<input type="checkbox"/> Z- Others (any document notified by the central government) <input type="text"/>	Identification Number <input type="text"/>
<input type="checkbox"/> S- Simplified Measures Account - Document Type code <input type="text"/>	Identification Number <input type="text"/>

4. PROOF OF ADDRESS (PoA)*

4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction **D** at the end)

(Certified copy of **any one** of the following Proof of Address [PoA] needs to be submitted)

Address Type* Residential / Business Residential Business Registered Office Unspecified

Proof of Address* Passport Driving Licence UID (Aadhaar)

Voter Identity Card NREGA Job Card Others (please specify)

Simplified Measures Account - Document Type code

Address

Line 1*

Line 2

Line 3

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

4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')

Line 1*

Line 2

Line 3

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

4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)

Same as Current / Permanent / Overseas Address details Same as Correspondence / Local Address details

Line 1*

Line 2

Line 3

State* ZIP/Post Code* ISO 3166 Country Code*

5. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

Tel. (Off) Tel. (Res) Mobile

FAX Email ID

6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)

Addition of Related Person Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type* Guardian of Minor Assignee Authorized Representative

Name* Prefix First Name Middle Name Last Name

(If KYC number and name are provided, below details of section 6 are optional)

PROOF OF IDENTITY [PoI] OF RELATED PERSON* (Please see instruction (H) at the end)

A- Passport Number Passport Expiry Date

B- Voter ID Card

C- PAN Card

D- Driving Licence Driving Licence Expiry Date

E- UID (Aadhaar)

F- NREGA Job Card

Z- Others (any document notified by the central government) Identification Number

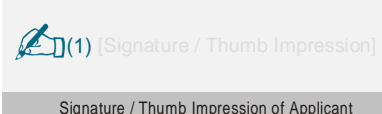
S- Simplified Measures Account - Document Type code Identification Number

7. REMARKS (If any)

8. APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : Place :

 (1) [Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies IPV Done

KYC / IN-PERSON VERIFICATION CARRIED OUT BY

Date

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

Name

Code

[Institution Stamp]

**SIDDHARTHA COMMODITIES PVT. LTD.**

C-73, Adarsh Nagar, Near Adarsh Nagar Police Station, Jaipur 302004

KNOW YOUR CLIENT (KYC) Application Form - For Non-Individual **NEW** **CHANGE REQUEST** (Please tick the appropriate)

Acknowledgement No. _____

Please fill this form in **ENGLISH** and in **BLOCK LETTERS**(Please tick the box on left margin of appropriate row where **CHANGE/CORRECTION** is required and provide the details in the corresponding row)**A IDENTITY DETAILS**

<input type="checkbox"/>	Name of the Applicant
<input type="checkbox"/>	Date of Incorporation <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Place of Incorporation
<input type="checkbox"/>	Date of commencement of business <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/>	Permanent Account Number (PAN) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/>	Registration No. (e.g. CIN) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/>	Status (Please tick any one)
<input type="checkbox"/>	<input type="checkbox"/> Private Limited Co. <input type="checkbox"/> Public Ltd. Co. <input type="checkbox"/> Body Corporate <input type="checkbox"/> Partnership
<input type="checkbox"/>	<input type="checkbox"/> Trust <input type="checkbox"/> Charities <input type="checkbox"/> NGO's <input type="checkbox"/> FI <input type="checkbox"/> FII
<input type="checkbox"/>	<input type="checkbox"/> HUF <input type="checkbox"/> AOP <input type="checkbox"/> Bank <input type="checkbox"/> Government Body <input type="checkbox"/> Non-Government Organization
<input type="checkbox"/>	<input type="checkbox"/> Defense Establishment <input type="checkbox"/> BOI <input type="checkbox"/> Society <input type="checkbox"/> LLP <input type="checkbox"/> Others (Please specify)

PHOTOGRAPHPlease affix
your recent passport
size photograph and
sign across it**B ADDRESS DETAILS**

<input type="checkbox"/>	Address for Correspondence
<input type="checkbox"/>	City / Town / Village
<input type="checkbox"/>	State
<input type="checkbox"/>	Country
<input type="checkbox"/>	Pin Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/>	Contact Details
<input type="checkbox"/>	Tel. (Off.)
<input type="checkbox"/>	Fax
<input type="checkbox"/>	Tel. (Res.)
<input type="checkbox"/>	Mobile No
<input type="checkbox"/>	E-Mail Id.
<input type="checkbox"/>	Specify the Proof of Address submitted for Correspondence Address:
<input type="checkbox"/>	Validity Expiry Date of Proof of Address Submitted <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/>	Registered Address (If different from above or overseas address, mandatory for Non-Resident Applicant)
<input type="checkbox"/>	City / Town / Village
<input type="checkbox"/>	State
<input type="checkbox"/>	Country
<input type="checkbox"/>	Pin Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/>	Specify the Proof of Address submitted for Registered Address:
<input type="checkbox"/>	Validity Expiry Date of Proof of Address Submitted <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

C OTHER DETAILS

<input type="checkbox"/>	Name, PAN, Residential Address and photographs of Promoters/Partners/Karta/Trustees and whole time directors :
<input type="checkbox"/>	If space is insufficient, enclosed these details separately (illustrative format enclosed)
<input type="checkbox"/>	DIN OF Whole time directors :
<input type="checkbox"/>	If space is insufficient, enclosed these details separately (illustrative format enclosed)
<input type="checkbox"/>	AADHAR No. OF Promoters/Partners/Karta :
<input type="checkbox"/>	If space is insufficient, enclosed these details separately (illustrative format enclosed)

D**DECLARATION**

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/We undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/ We are aware that I/we may be held liable for it.

Date



Name & Signature of the Director/Authorised Signatory(ies)

FOR OFFICE USE ONLY**In Person Verification (IPV) Details:**

Name of the person who has done the IPV: _____

Designation: _____ Employee ID: _____

Name of the Organization: **SIDDHARTHA COMMODITIES PVT. LTD.**

Date of IPV:

Signature of the person who has done the IPV

Seal/Stamp of the Intermediary

Originals Verified & Self Attested Document copies received

Date Place: _____

Name & Signature of the Authorised Signatory

**Details of Promoters/Partners/Karta/Trustees and whole time directors forming
a part of Know Your Client (KYC) Application Form for Non-Individuals**

<p>1. Name _____</p> <p>2. Relationship with Applicant (i.e. promoters, whole time directors etc.) _____</p> <p>3a. PAN _____ 3b. DIN/Aadhaar No. _____</p> <p>4. Residential/ Registered Address _____</p> <p>_____</p> <p>City / Town / Village _____ Pin Code _____</p> <p>State _____ Country _____</p> <p>5. Please tick, if applicable : <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (PEP)</p>	<p>PHOTOGRAPH</p> <p>Please affix your recent passport size photograph and sign across it</p>
<p>1. Name _____</p> <p>2. Relationship with Applicant (i.e. promoters, whole time directors etc.) _____</p> <p>3a. PAN _____ 3b. DIN/Aadhaar No. _____</p> <p>4. Residential/ Registered Address _____</p> <p>_____</p> <p>City / Town / Village _____ Pin Code _____</p> <p>State _____ Country _____</p> <p>5. Please tick, if applicable : <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (PEP)</p>	<p>PHOTOGRAPH</p> <p>Please affix your recent passport size photograph and sign across it</p>
<p>1. Name _____</p> <p>2. Relationship with Applicant (i.e. promoters, whole time directors etc.) _____</p> <p>3a. PAN _____ 3b. DIN/Aadhaar No. _____</p> <p>4. Residential/ Registered Address _____</p> <p>_____</p> <p>City / Town / Village _____ Pin Code _____</p> <p>State _____ Country _____</p> <p>5. Please tick, if applicable : <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (PEP)</p>	<p>PHOTOGRAPH</p> <p>Please affix your recent passport size photograph and sign across it</p>
<p>1. Name _____</p> <p>2. Relationship with Applicant (i.e. promoters, whole time directors etc.) _____</p> <p>3a. PAN _____ 3b. DIN/Aadhaar No. _____</p> <p>4. Residential/ Registered Address _____</p> <p>_____</p> <p>City / Town / Village _____ Pin Code _____</p> <p>State _____ Country _____</p> <p>5. Please tick, if applicable : <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (PEP)</p>	<p>PHOTOGRAPH</p> <p>Please affix your recent passport size photograph and sign across it</p>
<p>1. Name _____</p> <p>2. Relationship with Applicant (i.e. promoters, whole time directors etc.) _____</p> <p>3a. PAN _____ 3b. DIN/Aadhaar No. _____</p> <p>4. Residential/ Registered Address _____</p> <p>_____</p> <p>City / Town / Village _____ Pin Code _____</p> <p>State _____ Country _____</p> <p>5. Please tick, if applicable : <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (PEP)</p>	<p>PHOTOGRAPH</p> <p>Please affix your recent passport size photograph and sign across it</p>



Name & Signature of the Authorised Signatory (ies) _____

Date :

D	D
---	---

M	M
---	---

Y	Y	Y	Y
---	---	---	---

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**INSTRUCTIONS / CHECK LIST FOR FILLING KYC FORM****A. IMPORTANT POINTS:**

1. Self attested copy of PAN card is mandatory for all clients.
2. Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the below mentioned list.
3. If any proof of identity or address is in a foreign language, then translation into English is required.
4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
5. If correspondence & permanent address are different, then proofs for both have to be submitted.
6. Sole proprietor must make the application in his individual name & capacity.
7. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIO Card/OCI Card and overseas address proof is mandatory.
8. For foreign entities, CIN is optional; and in the absence of DIN no. for the directors, their passport copy should be given.
9. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
10. For opening an account with Depository Participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark Sheet issued by Higher Secondary Board/Passport of Minor/Birth Certificate must be provided.
11. Politically Exposed Persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.

B. Proof of Identity (POI) :- List of documents admissible as Proof of Identity:

1. PAN card with photograph. This is mandatory requirement for all applicants except those who are specifically exempt from obtaining PAN (listed in Section D)
2. Unique Identification Number (UID) (Aadhaar)/ Passport/ Voter ID card/ Driving license.
3. Identity card/ document with applicant's Photo, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members; and Credit cards/Debit cards issued by Banks.

C. Proof of Address (POA) :- List of documents admissible as Proof of Address: (*Documents having an expiry date should be valid on the date of submission.)

1. Passport/ Voters Identity Card/ Ration Card/ Registered Lease or Sale Agreement of Residence/ Driving License/ Flat Maintenance bill/ Insurance Copy.

(*6*)

Utility bills like Telephone Bill (only landline), Electricity bill or Gas bill - Not more than 3 months old.

2. Bank Account Statement/Passbook - Not more than 3 months old.
3. Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts.
4. 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.
5. 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.
6. 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.
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 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, FVCI, Scheduled Commercial Banks, Multilateral and Bilateral Development Financial Institutions, State Industrial Development Corporations, Insurance Companies registered with IRDA and Public Financial Institution as defined under section 4A of the Companies Act, 1956, Custodians shall verify the PAN card details with the original PAN card and provide duly certified copies of such verified PAN details to the intermediary.

E. List of people authorized to attest the documents:

1. Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/ Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
2. In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy /Consulate General in the country where the client resides are permitted to attest the documents.



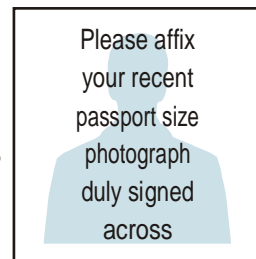
F. In case of Non-Individuals, additional documents to be obtained from non-individuals, over & above the POI & POA, as mentioned below:

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.

ANNEXURE 1 (PART - II)

Please fill this form in **ENGLISH** and in **BLOCK LETTERS**.

For **INDIVIDUALS**



A. OTHER DETAILS

Gross Annual Income Details (please specify)	Income Range per annum : <input type="checkbox"/> Below Rs. 1 Lac <input type="checkbox"/> Rs. 1 Lac to 5 Lac <input type="checkbox"/> Rs. 5 Lac to 10 Lac <input type="checkbox"/> Rs. 10 Lac to 25 Lac <input type="checkbox"/> >25 Lac OR
Net-Worth as on	(date)..... (Rs. _____) (Net worth should not be older than 1 year)
Occupation (please tick any one and give brief details)	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Farmer <input type="checkbox"/> Others. (Specify) _____
Please tick, as applicable	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (PEP) <input type="checkbox"/> Not a Politically Exposed Person (PEP) <input type="checkbox"/> Not Related to Politically Exposed Person (PEP)

B. BANK ACCOUNT(S) DETAILS

Bank Name	Branch Address	Bank Account Number	Account Type	MICR Number	IFSC Code
			<input type="checkbox"/> Saving <input type="checkbox"/> Current		

• Provide a copy of cancelled cheque leaf/pass book/bank statement specifying name of the client, MICR Code or/and IFSC Code of the Bank.

C. DEPOSITORY ACCOUNT(S) DETAILS, if available

Depository Participant Name	Name of Depository	Beneficiary Name	DP ID	Beneficiary ID (BO ID)
	<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL			
	<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL			

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

D. TRADING PREFERENCES

*Please sign in the relevant boxes with which Exchange you wish to trade. The Exchange not chosen should be struck off by the client.

Sr. No.	Name of the National Commodity Exchanges	Date of consent for trading on concerned Exchange	Signature of the Client
1.	MCX (Commodity Futures)		(2a)
2.	MCX (Commodities Options)		(2b)

[In future if you want to trade in any other exchange, please submit separate authorization letter (for format, download from our website)]

Offline Online

(2c)

E. INVESTMENT / TRADING EXPERIENCE

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

F. GST DETAILS (As applicable, State wise)

Legal Name			
Trade Name			
GSTIN		Registration Date	
Name of the State		State Code	
Other State GSTIN		Registration Date	
Name of the State		State Code	

G. PAST REGULATORY ACTIONS

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

H. DEALING THROUGH OTHER MEMBERS

Dealing through any other Member, provide the following details (in case dealing with multiple Members, provide details of all in a separate sheet containing all the information as mentioned below) :

Member's/Authorised Persons Name																				
Exchange																				
Exchange's Registration No.																				
Concerned Member's Name with whom the AP is registered																				
Registered Office Address																				
	Tel.:																		Fax	
	E-mail																			
Client Code																				
Details of disputes / dues pending from/to such Member / AP:																				

I. INTRODUCER DETAILS

Name of the introducer																				
Status of the Introducer	<input type="checkbox"/> Authorised Person <input type="checkbox"/> Existing Client <input type="checkbox"/> Others _____																			
Address and Phone No. of the Introducer																				
															Sign. of the Introducer					

J. ADDITIONAL DETAILS

<input checked="" type="checkbox"/> Whether you wish to receive communication from Member in electronic form on your Email-id.	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes then please fill in Appendix - A)
--	---

K. NOMINATION DETAILS

<input type="checkbox"/> I/We wish to nominate <input type="checkbox"/> I/We do not wish to nominate																			
Name of the Nominee																			
Relationship with the Nominee																			
PAN of Nominee																			
Address and Ph. No. of the Nominee																			
If Nominee is a minor, details of guardian :																			
Name of the Guardian																			
Address and Ph. No. of Guardian																			
Sign. of Guardian																			

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

Name																			
Signature																			
Address																			

Name																			
Signature																			
Address																			

DECLARATION

- I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am / We are aware that I/we may be held liable for it.
- I/We confirm having read/been explained and understood the contents of the tariff sheet and all voluntary/non-mandatory documents.
- I/We further confirm having read and understood the contents of the 'Rights and Obligations' document(s), 'Risk Disclosure Document' and 'Do's and Dont's'. I/We do hereby agree to be bound by such provisions as outlined in these documents. I/We have also been informed that the standard set of documents has been displayed for Information on www.siddharthacommodities.com

Place	
Date	

 (3) _____
 Client Signature



FOR OFFICE USE ONLY

UCC Code allotted to the Client : _____

	Document verified with Originals
Name of the Employee	
Employee Code	
Designation of the Employee	
Date	
Signature	

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

For Siddhartha Commodities Pvt. Ltd.

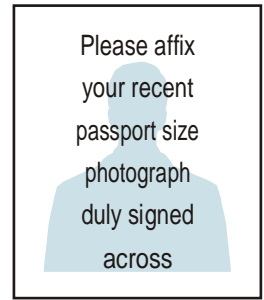
Signature of the Authorised Signatory

Seal / Stamp of the Member

Date _____

ANNEXURE 1 (PART - II)

Please fill this form in ENGLISH and in BLOCK LETTERS. For NON-INDIVIDUALS



A. OTHER DETAILS

Gross Annual Income Details (please specify)	Income Range per annum: <input type="checkbox"/> Below Rs.1 Lac <input type="checkbox"/> Rs. 1 Lac to 5 Lac <input type="checkbox"/> Rs. 5 Lacto 10 Lac <input type="checkbox"/> Rs. 10 Lacto 25 Lac <input type="checkbox"/> Rs. 25 Lacto 1 Crore <input type="checkbox"/> >1 Crore
Net-worth as on	(date)..... (Rs. _____) (Net worth should not be older than 1 year)

B. BANK ACCOUNT(S) DETAILS

Bank Name	Branch Address	BankAccountNumber	Account Type	MICR Number	IFSC Code
			<input type="checkbox"/> Saving <input type="checkbox"/> Current		

• Provide a copy of cancelled cheque leaf/pass book /bank statement specifying name of the client, MICR Code or/and IFSC Code of the Bank.

C. DEPOSITORY ACCOUNT(S) DETAILS, if available

Depository Participant Name	Name of Depository	Beneficiary Name	DP ID	Beneficiary ID (BO ID)
	<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL			
	<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL			

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

D. TRADING PREFERENCES

*Please sign in the relevant boxes with which Exchange you wish to trade. The Exchange not chosen should be struck off by the client.

Sr. No.	Name of the National Commodity Exchanges	Date of consent for trading on concerned Exchange	Signature of the Client
2.	MCX (COMMODITIES FUTURES)		(2a)
3.	MCX (COMMODITY OPTIONS)		(2b)

[In future if you want to trade in any other exchange, please submit separate authorization letter (for format, download from our website)]

Offline Online

(2c)

E. INVESTMENT / TRADING EXPERIENCE

<input type="checkbox"/> No Prior Experience
<input type="checkbox"/> _____ Years in Commodities
<input type="checkbox"/> _____ Years in other investment related fields

F. GST DETAILS (As applicable, State wise)

Legal Name			
Trade Name			
GSTIN		Registration Date	
Name of the State		State Code	
Other State GSTIN		Registration Date	
Name of the State		State Code	

G. PAST REGULATORY ACTIONS

Details of any action/proceedings initiated/pending/taken by SEBI / Stock Exchange / Commodity Exchange / Any other authority against the client or its Partners/promoters/whole time directors/authorized persons in charge during the last 3 years :

H. DEALING THROUGH OTHER MEMBERS

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

Member's/Authorised Persons Name																					
Exchange																					
Exchange's Registration No.																					
Concerned Member's Name with whom the AP is registered																					
Registered Office Address																					
	Tel.:											Fax									
	E-mail																				
Client Code																					
Details of disputes / dues pending from/to such Member / AP:																					

I. INTRODUCER DETAILS

Name of the introducer	
Status of the Introducer	<input type="checkbox"/> Authorised Person <input type="checkbox"/> Existing Client <input type="checkbox"/> Others _____
Address and Phone No. of the Introducer	
	Sign. of the Introducer

J. ADDITIONAL DETAILS

<input checked="" type="checkbox"/> Whether you wish to receive communication from Member in electronic form on your Email-id.	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes then please fill in Appendix - A)
--	---

DECLARATION

- I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am / We are aware that I/we may be held liable for it.**
- I/We confirm having read/been explained and understood the contents of the tariff sheet and all voluntary/non-mandatory documents.**
- I/We further confirm having read and understood the contents of the 'Rights and Obligations' document(s), 'Risk Disclosure Document' and 'Do's and Dont's'. I/We do hereby agree to be bound by such provisions as outlined in these documents. I/We have also been informed that the standard set of documents has been displayed for Information on siddha_comm@rediffmail.com**

Place	
Date	

 (3) _____
Client Signature

*Form need to be signed by all the authorized signatories.

FOR OFFICE USE ONLY

UCC Code allotted to the Client : _____

	Document verified with Originals
Name of the Employee	
Employee Code	
Designation of the Employee	
Date	
Signature	

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

Available on my/our website, if any, for the information of the clients.

For Siddhartha Commodities Pvt. Ltd.

Signature of the Authorised Signatory
Seal/Stamp of the Member

Date _____



BROKERAGE STRUCTURE

	Percentage	Minimum Paisa
Normal	<input type="text"/>	<input type="text"/>
Delivery	<input type="text"/>	<input type="text"/>
Options Trading	<input type="text"/>	<input type="text"/>

NOTE:

1. Exchange Turnover Charges, Clearing Member Charges and Regulatory Charges as applicable from time to time shall be charged separately.
2. Stamp duty will be levied as per local laws.
3. All other legal levies as, may be applicable, from time to time shall be charged separately.
4. Late payment penalty @ 18% p.a. calculated on daily overdue balance shall be charged till actual realisation.
5. In case an internet trading terminal is provided, connectivity charges @Rs. _____/- per month or _____% of turn over shall be charged separately.
6. Charges/ service standards are subject to revision at sole discretion of Siddhartha Commodities Pvt. Ltd.
7. Charges quoted above are for the services listed. Any service not quoted above will be charged separately.

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

(4) _____

MANDATORY DISCLOSURE OF PROPRIETARY TRADING BY SCPL

Dear Sir,

We wish to inform you that, we do proprietary trades in MCX in addition to trading for clients.

I have noted the above

(5) _____
 Sole/First Applicant Signature

Dated _____



INTERNET & WIRELESS TECHNOLOGY BASED TRADING LETTER

To,
SIDDHARTHA COMMODITIES
Member: Multi Commodity Exchange of India Ltd. (MCX)
C-73, Adarsh Nagar, Near Adarsh Nagar Police Station, Jaipur-302004

Sub: Internet & Wireless Technology based Trading

Dear Sir,

I/We wish to trade through Internet & Wireless Technology based Trading (IWTBT) facility provided by you as per the options mentioned below:

I/We want to opt for → Application Base Trading

→ Web Base Trading

→ Commodities Trading using Wireless Technology (CTWT)

I/We hereby confirm you to send my/our username and password and other related information on the e-mail address mentioned by me/us in KYC.

Further , I/We confirm that I/We have fully read and understood the provisions laid down in the attached annexure pertaining to Internet & Wireless Technology based trading facility provided by commodity brokers to clients and do hereby acknowledge the same and agree not to call into question the validity, enforce ability and applicability of any provision/clauses in this document under any circumstance what so ever.

Thanks and Best Regards

Client Name: _____

Trading Code: _____

Signature of the Client:

 _____



NOTE

1. The Client Position will be squared off by RMS through Auto Square off at 80% MTM Loss and will inform the same to Branches over telephone or mail.
2. If the MTM loss of a client reaches 75% at the close of agri market or non agri market all the open position will be closed by RMS, as client may come into ledger Debit on the next trading day to market opens in gap.
3. If the MTM Loss of a client reaches 60 % at the close of agri market or non-agri Market, only position equivalent to 40% margin can be carry forward so as to avoid any ledger debits on the next trading day due to market opens in gap.
4. Any open position which has a loss of over 80% of the capital will be squared off automatically.
5. Please note that in the AUTO SQUARE OFF mode, we will not be responsible for any losses Incurred as a result of uncertain or unexpected fluctuations in the markets as well as Technical failure. You are therefore requested to take utmost care while trading in the AUTO SQUARE OFF mode.

Client Signature:  (7) _____

Name of Client: _____

Date: _____

Place: _____



SIDDHARTHA COMMODITIES PVT. LTD.

VOLUNTARY DOCUMENTS

ELECTRONIC CONTRACT NOTE (ECN) DECLARATION

To,

Siddhartha Commodities Pvt. Ltd.

Regd. Off.: C-73, Adarsh Nagar, Near Adarsh Nagar

Police Station Jaipur (Raj) 302004

Dear Sir,

I _____ a client with member M/S. _____
of _____ Exchange undertakes 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 operation.
- 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 Indian 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.
- I/ We am/are aware that this authorization can be revoked anytime by giving a notice in writing. The above declaration and the guidelines on ECN given in the Annexure have been read and understood by me. 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 : _____

Signature of Client  (8) _____

Date: _____ Place: _____

Verification of the client signature done by,

Name of the designated officer of the Member _____

Signature _____

LETTER OF AUTHORITY

Date: ____

Client Name: _____

Client Code: _____

Siddhartha Commodities Pvt. Ltd. Regd. Off.:
C-73, Adarsh Nagar, Near Adarsh Nagar Police
Station, Jaipur, 302004 (RAJ)

Dear Sirs,

Sub : Letter of Authority

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

1. I/We authorize you to set off outstanding in any of my accounts against credits available or arising in any other accounts maintained with you irrespective of the fact that such credits in the accounts may pertain to transactions in any segment of the same or other Exchange(s) and/ or against the value of cash margin or other collateral provided to you by me/us.
2. I/We hereby authorize you not to provide me Order Confirmation/Modification/Cancellation Slips and Trade Confirmation Slips to avoid unnecessary paper work. I/We shall get the required details from contracts issued by you.
3. I/We request you to consider my/our telephonic instructions for order placing/order modification/order cancellation as a written instruction and give me/us all the confirmation on telephone unless instructed otherwise in writing. I/We am/are getting required details from contracts issued by you.
4. I/We agree and understand that the margin deposited by me/us is interest free and SCPL shall not be liable to pay any interest thereon to me/us.
5. I/We request that you may send/despatch my/our statement of accounts and other documents through E-mail: on my designated e-mail address of _____
6. 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.
7. I/We will inform you the change in my/our e-mail, if any, in future either by regd. Post or through e-mail.
8. I/We confirm that I/We will not sublet the trading terminal on any term of connectivity from my/our place under any circumstances.
9. 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.
10. All fines/penalties and charges levied upon you due to my acts/deeds or transactions may be recovered by you from my account.
11. I/We have been explained that I/We may not opt to give any of the above authorization and that the above authorizations are voluntary on my/our part and that I/we can revoke this authorization at any point of time during the operation of my/our trading account with you by giving you a notice in writing.

Thanking you,

Your faithfully,

 (9)

Signature of the Client

RUNNING ACCOUNT AUTHORIZATION

Date : _____

Siddhartha Commodities Pvt. Ltd.
Regd. Off.: C-73, Adarsh Nagar, Near Adarsh
Nagar Police Station, Jaipur-302004 (RAJ)

Client Name : _____

Client Code : _____

Dear Sirs,

I/We are dealing through you as a client in commodities derivatives segment and in order to facilitate ease of operations and upfront requirement of margin for trade. I/We authorize you as under:

1. I/We request you to maintain running balance in my account and retain the credit balance in any of my/our account and to use the unused funds towards my/our margin/pay-in/ other obligation(s) in any segment(s) of any or all the Exchange(s)/Clearing corporation unless I/we instruct you otherwise.
2. I/We request you to retain securities/commodities with you for my/our margin/pay-in/ other-future obligation(s) at any segment(s) of any or all the Exchange(s)/Clearing Corporation unless I/We instruct you to transfer the same to my/our account.
3. I/We request you to settle my account
 Once in every calendar Quarter
 or Once in a calendar Month

Except the funds given towards collaterals/ margin in form of Bank Guarantee and/or Fixed Deposit Receipt.

4. In case I/We have an outstanding obligation on the settlement date, you may retain the requisite securities/funds towards such obligations and may also retain the funds expected to be required to meet future margin obligations, calculated in the manner specified by the Exchange(s)/SEBI.
5. I/We confirm you that 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/commodities or statement of account or statement related to it, as the case may be.
6. I/We further authorize you to retain such other minimum amount as may be prescribed by Exchange/Regulatory Authority from time to time. The same may be released on my/our specific request.
7. I/We have been informed by the member that it shall transfer the funds/securities lying in the credit of the client within one working day of the request if the same are lying with him and within three working days from the request if the same are lying with the Clearing Member/Clearing Corporation.
8. I/We have been informed by the member that there shall be no inter-client adjustments for the purpose of settlement of the 'running account'.

The running account authorization provided by me shall continue and remain valid until it is revoked by me any time in writing.

 (10) _____

Signature of the Client

BANKER'S VERIFICATION

To,





Date:

Siddhartha Commodities Pvt. Ltd.
Regd. Off.: C-73, Adarsh Nagar, Near Adarsh
Nagar Police Station, Jaipur -302004 (RAJ)

Dear Sir,

This is to certify that the savings / current account no. _____ of
 Mr. / Ms / M/s. _____ held
 jointly with Mr./Ms/M/s. _____ with our branch, has
 been active since _____.

We confirm that the signature of the client agrees with the specimen held in our records. This verification is without any responsibility on the part of the bank or the signing officer.

Signature of Client ⁽¹¹⁾ _____  _____
 _____  _____  _____

signed in my / our presence and attested by me / us

Bank Name & Address	
Name & Signature of Authorised Signatory	
Stamp of the Bank Branch	

REQUEST FOR TRADING IN COMMODITY FORWARD CONTRACTS / COMMODITY DERIVATIVES ON MCX

To,
Siddhartha Commodities Pvt. Ltd.
Regd. Off.: C-73, Adarsh Nagar, Near Adarsh
Nagar Police Station, Jaipur -302004 (RAJ)

Dear Sir,

Subject : My / Our request for trading in commodity forward contracts / commodity derivatives on MCX 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) 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 declare and undertake that we will not exceed the position limits as may be prescribed from time to time by MCX or SEBI and such position limites will be calculated in accordance with the contents of above stated circular of MCX as modified from time to time.

I/We undertake to inform you and keep you informed if any of our partners/directors/karta/trustee or any of the partnership firms/companies/HUF's/Trusts in which I or any of above such person is a partner/director /karta/ trustee, takes 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 clients on MCX only on the basis of our above assurances and undertaking.

Yours faithfully

 (12) _____

Signature of the Client

Sole Proprietor/Partner/Director/Karta/Trustee

MOBILE DECLARATION

I, _____

having Client Code No. _____ do hereby declare that my mobile no. is _____ Further, I authorize Siddhartha Commodities Pvt. Ltd. that the same maybe used for giving me any information/alert/sms/call.

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

Signature of Client :  (13) _____

Name of the Client : _____

Dated :

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

FOR REGISTRATION AND VERIFICATION OF MOBILE NUMBER AND E-MAIL ADDRESS

Date : ____

To,
The Compliance Officer
Siddhartha Commodities Pvt. Ltd.
Regd. Off.: C-73, Adarsh Nagar, Near Adarsh
Nagar Police Station, Jaipur -302004 (RAJ)

Member Id's :
31460 (MCX)

I/We am/are aware that MCX provide SMS/email alerts to the constituents (clients) of its member for trades executed on its platform. I/We hereby provide and confirm my/our mobile number and/or email address as stated below for the purpose of receipt of SMS/email alerts.

- I want to receive transaction alerts in SMS as well as email from Exchanges.
- I want to receive transaction alerts only in SMS from Exchanges.
- I want to receive transaction alerts only in Email from Exchanges.
- I do not want to receive any transaction alerts from Exchanges, specify reason

.....
The alerts should be sent on :


Mobile number (enter 10 digit mobile no.)

--	--	--	--	--	--	--	--	--	--

E-mail Id.....

I/We agree to the terms and conditions specified by the Exchange in its circular no. SEBI/4/2012/C/13 dated 02/02/2012 as modified from time to time. I/We am/are aware that the receipt of SMS/E-mail alerts on the above mobile number and/or email address can be stopped only on my/our written request.

Name of the Client : _____

 (14) _____

Client Id : _____

Signature of Client :

LETTER OF AUTHORITY TO TRADE

SIDDHARTHA COMMODITIES PVT.LTD.
Member : Multi commodity Exchange of India LTD. (MCX)
C -73 Adarsh Nagar , Near Adarsh Nagar Police Station,Japiur 302004
Dear Sir,

Sub: Authority to Trade on my behalf

I/We am/are the holder of 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 ofaged aboutyears, presently residing at

.....to perform all 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 instructions to you, for purchase , sale or transfer of commodities form 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 form or to the Account.
3. To make or cause to make payments to SIDDHARTHA COMMODITIES Whenever necessary.and in accordance with my/our obligations in accordance with the terms and conditions of various agreements executing between me/us and SCPL.
4. To duly honour all my/our contractual obligations under various agreements excuted between me/us and SCPL including but not limited to the RIGHTS AND OBLIGATIONS OF SCPL, AUTHORISED PERSONS AND me/us as prescribed by FMC and commodity exchanges and/or any other under banking, commitment issued by my/us in favour or SIDDHARTHA COMMODITIES .
5. T o accept and give valid discharges for acceptance submission of contract notes, bills, ledger statements, transaction statements and all the correspondence on my behalf and report discrepancy there in to SCPL.
6. To receive & accept necessary telephonic calls to margin &/or trade confirmation or any other call including verification call from SIDDHARTHA COMMODITIES at Mobile no. & underrate to update this contact detail in writing with SIDDHARTHA COMMODITIES 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 to be binding up on me/us as the same has been done by me /us only and I/We shall hereby ratify all 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 agree and undertaking to indemnify and keep SIDDHARTHA COMMODITIES 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 SIDDHARTHA COMMODITIES 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 SIDDHARTHA COMMODITIES received and acknowledge revocation letter at its registered office.

Signature :  _____

Name of client: _____

Date : _____

Client code : _____

LETTER FOR OPERATION ACCOUNT

Name : _____

Address: _____

To,

SIDDHARTHA COMMODITIES PVT.LTD.

Member: Multi Commodity Exchange of India Ltd. (MCX)


C73, Adarsh Nagar police station, Jaipur- 302004

Dear Sirs,

Sub : Letter of Operation of account

With reference to the captioned subject I/We request you to kindly note the following points for smooth conductor business operations:

1. You are requested to kindly note that the orders placed/modified/cancelled by me/us should NOT be noted in the same is a time consuming affair and may lead to loss due to non-execution of the order in the due to the formalities involved.
2. I/We hereby authorize you to accept verbal instructions for placement / modification/cancellation of orders and I/We expressly agree that once the trade confirmation is sent by you and/or contract note is accepted by me/us that shall be final as far execution/non execution /inappropriate execution of any of my/our orders for a particular trading day.
3. Please note that my/our account to be maintained with you shall be a running account, and the funds and commodities due tome/us are not to be paid immediately on payout but is to be retained by you in your demat beneficiary account until and unless specifically demanded by me/us and may be used for my/our future settlement obligations, margin, liabilities, etc.
4. You are free to adjust debits/credits in between my/our various accounts, by passing a journal Entry, Bank Entry of any manner or fashion that you deem fit without our specific confirmation.
5. I/We am/are aware and and have noted that you trade on your PRO/OWN account.
6. I/We shall not indulge in any sub-broking activities nor issue bill/contracts/confirmation notes to anyone else for the trades done on the MCX.
7. My/Our funds with you in the margin account may be used for the purpose of placing FDRs with Banks to be submitted to MCX and /or us margin FDRs for obtaining Bank Guarantee in favor of MCX/MCX clearing House for which we hereby consent.
8. (a) I/We request you or your courier to hand over in My/Our absence the concert notes to shri/smt _____
I whose signature is given below.
(b) I/We will collect the contract notes personally on a daily basis and requested not to dispatch the same By post or courier.
9. I/We agree that the Member may in its turn place any of the commodities/Electronic warehouse receipts (EWRs) placed by him/her/it as Margin by way of pledge or hypothecation or margin on his behalf with exchanges ,banks or other lending institutions to meet its own obligations , as the Member may deem fit. I/We authorize the Member to do all such acts, deeds and things as may be necessary and expedient for the above purpose.
10. I/We shall not have any right to proceed in any manner against the exchanges, banks or other leading institutions in respect of the commodities/Electronic Warehouse Receipts(EWRs) pledged by the Member in the matter of nay dispute between me/us and the Member which may or concern commodities? Electronic Warehouse Receipts (EWRs) provided by me/us.
11. The Member and I/We hereby agree and confirm that all rights, liabilities and obligations pertaining to the pledged commodities? Electronic Warehouse Receipts(EWRs) shall be subject to the rights of the exchanges, banks or other leading institutions, in whose favor pledge has been created by the Member .I/We hereby further agree and confirm that the pledge created In of exchanges, banks or other lending institutions by the Member shall not be released or discharged until repayment of the loan availed by the Member form exchanges, banks or other lending institutions. I/We shall raise no objections to may action taken by exchanges, banks or other lending institutions against the Member pursuant to the aforesaid pledge.

Signature :  (16) _____

Place: _____

Name of client : _____

Date : _____

UNDERTAKING TO ACT IN OWN CAPACITY

I/We do hereby solemnly affirm and declare as under :

1. That my/our registration with SIDDHARTHA COMMODITIES PVT. LTD. (SCPL) is in individual capacity and is for transacting on my/our own account. And that no one except myself/ ourself has/have any interest in the account with SCPL.
2. That I/We shall not be acting further as an intermediary / sub-broker in any manner whatsoever for the transactions executed in any segment of any security exchange(s) in my/our account with SCPL.
3. That I/We further state that if anybody on my/our behalf makes claim of any amounts / securities on account of the transactions in my/our account, the said act shall be null and void and shall be ineffective from all corners.
4. In case SCPL finds that I /We am/are acting as an un-registered Sub-broker, SCPL can immediately cancel my/our account with them and adjust all credit against my/our liabilities.
5. That I/ We shall inform SCPL any of my/our registration in any capacity with any other member of the exchange(s) to transact on the same segment as at SCPL.
6. I/We shall not make any payment to SCPL drawn on the account of any third party whether related to me/us or not. All payments to my/our above A/c shall be from bank accounts that stand in my/our own name and registered with SCPL.
7. I/We shall not make any cash payment to SCPL nor shall I/We insist on any sales person/business associate to accept cash in lieu of account payee cheque/fund transfer. I/We understand that SCPL does not accept cash from clients and therefore any cash payment made by me/us to any staff shall be at my/our sole risk and I/We absolve SCPL of all liability and claim that may arise from any cash payment made by me/us.
8. I/We have been made understood by SCPL that it does not permit any of its employee to place any discretionary orders in the account of any client therefore I/We must not authorize any of SCPL's staff member to place any discretionary order under any circumstances in my / our trading account and that WSL limits its liability in the event of I/we giving any such authorization to any of the Employee of SCPL.

 (17)

Signature of the Client

Client Name _____

Client Code _____


DECLARATION, INDEMNITY CUM UNDERTAKING FOR NAME DISCREPANCY IN PAN CARD, BANK PROOF & ADDRESS PROOF

To,
Siddhartha Commodities Pvt. Ltd.
Regd. Off.: C-73, Adarsh Nagar, Near Adarsh
Nagar Police Station, Jaipur -302004 (RAJ)

I _____ s/o,w/o,d/o _____
_____,refertomy Trading Account
_____with Siddhartha Commodities Pvt. Ltd.(SCPL)do hereby affirm, declare and
undertake that

1. That my name as it appears on my Pan Card is _____
2. That my name as it appears on the Income Tax website is _____
3. Additional ID Proof _____
4. That my name as it appears on the Address proof is _____
5. That my name as it appears on the Bank Proof is _____
6. That above mentioned names, on Trading account, Tax website, Address proof, PAN Card No. _____ And Bank account bearing no. _____ are mine alone.
7. That I hereby request SCPL to maintain my name in Trading account as per the name appearing on the website/ PAN card.
8. That I promise and undertake to get my PAN card altered in accordance with my name as appearing on the Income tax within 45 days from the date of signing this undertaking. SCPL may, at its sole discretion, terminate my trading and demat account in the event of me not getting my name altered within 45 days of signing this undertaking.
9. That I further undertake to open a bank account in accordance with the name as appearing on the Income Tax website week from the date of signing this undertaking.
10. I further undertake that in case my name has been changed after approval from government authorities and notification gazette. I shall get the name change effected in PAN, Bank account etc. and furnish immediately to SCPL.
11. That I further declare that I am responsible and I shall indemnify & keep indemnified SCPL, its directors, officers, employees, agents from and against any and all losses, claims, liabilities, obligations, damages, deficiencies, judgements, action proceedings arising out or in relation to corporate benefits, IPO refund, Foreign Exchange Management Act (FEMA) transfer, dematerialization of securities, rematerialization of securities, dividends, interest etc., that may arise out Declaration-cum- undertaking and/or acting on this basis.

That the contents of this declaration, Indemnity-cum-undertaking have been explained to me in vernacular and I have understood before signing it. That this declaration, Indemnity-cum- undertaking given by me to SCPL is by my absolute free will and coercion, undue influence, pressure etc., and at present I am having sound health and mind.

Signature of Client :  (18) _____

Name of the Client : _____

Dated :

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

DECLARATION BY JOINT FAMILY/HUF

To,

Siddhartha Commodities Pvt. Ltd.
Regd. Off.: C-73, Adarsh Nagar, Near Adarsh
Nagar Police Station, Jaipur -302004 (RAJ)

1. WHEREAS the Hindu Undivided Family of.....
 (hereinafter referred to as 'the said joint family') carrying on business in the firm name and style of
 at.....or
 elsewhere (hereinafter referred to as 'the said H.U.F. firm) have or desire to have Commodity Trading A/c
 with M/s. Siddhartha Commodities Pvt. Ltd. (hereinafter to as 'Member') we, the undersigned hereby
 declare
- a) That we are the present adult co-parceners of the said joint family.
- b) That Sh. _____ is the present Karta or Manager of the said
 Joint Family.
- c) That we are entitled to trade in Commodity and open Commodity Trading Account of the said Joint Family.
- d) That each one of us has full unrestricted authority to act on behalf of, and bind, the said H.U.F. firm and all
 the present as well as future members, both adults and minors, of the said joint family, howsoever
 constituted from time to time.
2. We confirm that affairs of the said joint family and the business of the said H.U.F firm are carried on mainly
 by the Karta/Manager, the said Shri..... on behalf of H.U.F.
3. We hereby authorize the Karta/Manager Shri..... on behalf of the
 H.U.F. to deal in Commodity Market Segment or any other segment that may be introduced by MCX
 In future and the said Trading cum Clearing Member is hereby authorized to honor all instructions oral or
 written given by him on behalf of the H.U.F.
4. The names and dates of birth of the present minor co-parceners of the said joint family are given below. We
 undertake to inform you in writing as and when each of the said members attains the age of majority and is
 authorized to act on behalf of bind, the said H.U.F. Firm.

⊗ _____
 (Karta)
 Signature

CO-PARCENERS DETAIL

S.No.	Name of the Co-Parceners	Relation with karta	Date of Birth	PAN No.	Address	Sign.

Please attach following documents :

1. Self attested copy of PAN Card of all the Co-Parceners.
2. Self attested copy of address proof of all the Co-Parceners.
3. Birth Certificate of Minor Co-Parceners.



SIDDHARTHA COMMODITIES PVT. LTD.

FATCA & CRS Declaration - Non Individual

PAN

Name

Please tick the applicable tax resident declaration -

1. 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"/> 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 W8BENE (Refer 3(vi) of Part C)

Details	UBO1	UBO2	UBO3
Name of UBO			
UBOCode (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 Siddhartha Commodities Pvt. Ltd. for any modification to this information promptly.

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

Name	
Designation	
Client Signature	<input type="text"/>
Date :	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Place :	

For Investor convenience, Siddhartha Commodities Pvt. Ltd. Collecting this mandatory information for updating across all Group Companies of Siddhartha Commodities Pvt. Ltd. whether you are already an investor or would become an investor in future.

Please submit the form fully filled, signed, for all the holders, separately, and submit at your nearest Siddhartha Commodities Pvt. Ltd. branch or you can dispatch the hard copy to-

Siddhartha Commodities Pvt. Ltd.

Regd. Off.: C-73, Adarsh Nagar, Near Adarsh, Nagar Police Station, Jaipur - 302004 (RAJ)

• For Detail Terms & Conditions please visit www.siddharthacommodities.com



DECLARATION BY SALES PERSON / SUB-BROKER / AUTHORISED PERSON

To,
 Siddhartha Commodities Pvt. Ltd.
 Regd. Off.: C-73, Adarsh Nagar, Near Adarsh
 Nagar Police Station, Jaipur - 302004 (RAJ)

Date _____

Dear Sir,

This is in reference to the trading account under consideration in the name of.....
 R/o.....

I declare that I have met the above captioned person personally & have verified copy of under mentioned KYC documents with original, which is enclosed with account opening form & I also confirm that client has signed at the designated places in this form in his/her own hand in my presence.

The following KYC documents are checked and verified from the original documents :

1.
2.
3.
4.
5.

Date of verification of documents :

The above statement is true and correct and made under my own free mind without having any coercion, misrepresentation or fraud.

Name of the person :

Signature :

Employee / Branch Code :

For office use :

Name of Officials :	
Remark :	



Consent letter for Trading in Commodity Options segment (Firms/Corporates/Trust/LLP in their letterhead)

To

SIDDHARTHA COMMODITIES PVT.LTD.
C-73,ADARSH NAGAR,NEAR ADARSH NAGAR
POLICE STATION,JAIPUR 302004

Dear Sir,

We would intend to trade in Commodity Options subject to regulatory requirements of the Exchange and SEBI from time to time.

This consent is an addition of our KYC details provided to you, for your record purpose.

We are having the following details in your record.

Name of the Client		
Unique Client Code (UCC)		
Mobile Number		
Email id		
Segment wish to trade	<input type="checkbox"/> MCX Future & Options	Signature with stamp

Date :

PLACE: JAIPUR

 (20) _____

Signature of the Authorized signatory
: (with FIRM seal & stamp)

Additional Risk Disclosure documents for Options Trading

Risk of Option holders:

1. An option holder runs the risk of losing the entire amount paid for the option in a relatively short period of time. This risk reflects the nature of an option as a wasting asset which becomes worthless when it expires. An option holder who neither sells his option in the secondary market nor exercises it prior to its expiration will necessarily lose his entire investment in the option. If the price of the underlying does not change in the anticipated direction before the option expires, to an extent sufficient to cover the cost of the option, the investor may lose all or a significant part of his investment in the option.
2. The Exchanges may impose exercise restrictions and have absolute authority to restrict the exercise of options at certain times in specified circumstances.

Risks of Option Writers:

1. If the price movement of the underlying is not in the anticipated direction, the option writer runs the risks of losing substantial amount.
2. The risk of being an option writer may be reduced by the purchase of other options on the same underlying interest and thereby assuming a spread position or by acquiring other types of hedging positions in the options markets or other markets. However, even where the writer has assumed a spread or other hedging position, the risks may still be significant. A spread position is not necessarily less risky than a simple 'long' or 'short' position.
3. Transactions that involve buying and writing multiple options in combination, or buying or writing options in combination with buying or selling short the underlying interests, present additional risks to investors. Combination transactions, such as option spreads, are more complex than buying or writing a single option. And it should be further noted that, as in any area of investing, a complexity not well understood is, in itself, a risk factor. While this is not to suggest that combination strategies should not be considered, it is advisable, as is the case with all investments in options, to consult with someone who is experienced and knowledgeable with respect to the risks and potential rewards of combination transactions under various market circumstances.

We have read & well understood the risks associated with commodity options trading. We wish to trade in Commodity Options.

Client's name :

 (21)

Signature of the Authorized signatory :
(With company seal & stamp)

DISCLOSURE BY MEMBER TO CLIENT UNDER PMLA 2002

Dear Client!

Subject: Prevention of Money Laundering

Money laundering is a process of making dirty money clean. Money is moved around the financial system again and again in such manner that its origin gets hidden.

It involves complex chain of activities whereby huge amount of money generated from illegitimate activities viz. selling of narcotic drugs, extortion, corruption, illicit dealing in weapons, human trafficking etc. is put through a series of process so that it comes out at the other end as clean and legal money. Terrorist organizations encourage money laundering to support their illegal acts.

It is important to note that due to increased vigilance in the wake of threats emanating from increasing terrorism, any failure on our part to discharge the duties cast on us under the applicable laws or we becoming an instrumental or apart of the chain, even if unknowingly or ignorantly, may invite the trouble.

In order to fight against the money laundering and terrorist financing the prevention of Money Laundering Act (PMLA) was brought into force w.e.f. July 1, 2005 in India. Guidelines were also issued in the context of the recommendations made by the Financial Action Task Force on anti-money laundering standards. Compliance with these standards has become imperative for international financial relations.

PMLA is applicable to every intermediary registered with Forward Market Commission (FMC) now Securities And Exchange Board Of India (SEBI) which includes a Commodity Brokers and any other intermediary associated with Commodities Market.

As per the provisions of PMLA, the intermediaries are required to comply with Know Your Client (KYC) norms, conduct ongoing client due diligence to ensure that the activity being conducted in any account is consistent with the intermediary's knowledge of the client, its business and risk profile.

In the light of the above, you are requested to provide the information or documents evidencing source of fund, income tax returns, bank records, demat holding etc, at the time of registration as a client with us or subsequently asked for during the course of your dealing with us.

DISCLOSURE BY CLIENT UNDER PMLA 2002

Client Name: _____

Details of the Corporate/Partnership Firm/ Trust/etc. where I/WE am/are affiliated

S.NO.	Name	Entity Type	Nature Of Business	Relationship	PAN

I/We hereby submit and agree to submit as the commitment every financial year the following documents to Siddhartha Commodities Pvt.Ltd.

1. Audited Annual Accounts
2. Self attested copy of Income Tax Return or
3. Any other financial information as requested by the SCPL

I/We further confirm that I/We invest in the commodity Market with;

- My/our owned funds
- Borrowed Funds from Bank/NBFC or
- Borrowed Funds from others

I/We hereby declare that I/We am/are not doing any benami transactions in my/our account. I/We understand that in case of any Cash/Suspicious/ Benami transactions being observed into my account, the Member may report the same to Director FIU-IND, New Delhi under the provision of PMLA, 2002 and thereafter I/We will be liable for any enquiry or penalty which might be levy by the Regulatory Authority under the said Act.

Signature of Client :  _____



FORMAT OF DECLARATION TO BE GIVEN BY PARTNERSHIP FIRM ON LETTER HEAD OF THE FIRM

To, **Siddhartha Commodities Pvt. Ltd.**
Regd. Off.: C-73, Adarsh Nagar, Near Adarsh
Nagar Police Station, Jaipur - 302004 (RAJ)

Date _____

Dear Sir,

We refer to the Commodities trading account being opened/opened with you in the name of _____
_____ and declare and authorise you as under.

We recognize that a beneficiary account cannot be opened with a depository participant in the name of a partnership firm as per applicable law. 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 authorise you to recognize the beneficiary account No. _____ opened as a joint account in the names of the partnership of the firm.

We agree that the obligations for Commodities purchased and/or sold by the firm will be handled and completed through transfer 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 Commodities trading account of the firm.

We hereby authorize _____, partner in the firm to execute/sign and submit such documents, agreements, deeds etc. as may be necessary to enter into the agreement and engage in business with Siddhartha Commodities Pvt. Ltd. and to place order for buying and selling of Commodities, sell, purchase, transfer, endorse, negotiate and do other things that may be necessary to engage in business on behalf of the partnership and to sign the authority letter for adjustment of balances in family accounts.

Name of Partners (in block letters)	Signature

**FORMAT OF BOARD RESOLUTION TO BE GIVEN BY CORPORATE CLIENT
(TO BE PRINTED ON LETTER HEAD OF COMPANY)**

**CERTIFIED TRUE COPY OF EXTRACTS OF THE MINUTES OF THE MEETING OF THE BOARD
OF DIRECTORS OF _____ (Co. Name) CONVENED ON
THE _____ (date) /TIME AT _____
_____ (Venue)**

"RESOLVED THAT an account for the purpose of trading in Commodities be opened with M/s. Siddhartha Commodities Pvt. Ltd., Member - Multi Commodity Exchange of India Ltd, hereinafter referred to as the Broker, for undertaking sale & purchase of Commodities on the said exchange(s).

FURTHER RESOLVED THAT Shri _____ and Shri _____, Directors of the Company, be and are hereby, authorised severally to do all such acts, deeds, things and sign all documents papers, authorisations, agreements etc. as may be necessary for opening and operating the said account with Broker.

FURTHER RESOLVED THAT the aforementioned Directors, be and are hereby, authorised severally, to give instructions on behalf of the Company. For conducting trading in Commodities for and on behalf of the Company.

FURTHER RESOLVED THAT, a copy of this resolution be forwarded to the Broker by Shri _____ or Shri _____ Directors, & the Broker, be instructed to honour the instructions of Shri _____ and /or Shri _____, Directors of the Company to carry on trading in Commodities.

Certified true copy

For (Name of the Company):

Director

Dated :


D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Place: _____

CHECKLIST**(To be filled up by Branch/Sales Executive)**Location _____ **The form will not be accepted if the checklist is incomplete**

No.	Type	Branch		Head Office	
		Yes	No	Yes	No
RESIDENT INDIVIDUAL					
1.	Proof of Identity <input type="checkbox"/> Voter Id <input type="checkbox"/> Passport <input type="checkbox"/> PAN <input type="checkbox"/> MAPIN UID Card <input type="checkbox"/> Driving License <input type="checkbox"/> Photo Identity Card issued by employer registered under MAPIN <input type="checkbox"/>				
2.	How is the identity of the client verified Client visited the office <input type="checkbox"/> Branch personnel visited the client <input type="checkbox"/>				
3.	Address proof Voter ID <input type="checkbox"/> Driving Licence <input type="checkbox"/> Passport <input type="checkbox"/> Ration Card <input type="checkbox"/> Telephone Bill <input type="checkbox"/> Electricity Bill <input type="checkbox"/> Leave Licence <input type="checkbox"/> Purchase Agreement (Property) <input type="checkbox"/> Bank Passbook <input type="checkbox"/> Latest Bank Statement <input type="checkbox"/> Insurance Policy <input type="checkbox"/> Flat Maintenance Bill <input type="checkbox"/> Certificate issued by employer registered under MAPIN <input type="checkbox"/>				
4.	Does address proof match with the corresponding address given by client				
5.	Has the address of the client verified by the branch				
6.	Signed Photograph of the client.				
7.	Copy of Cheque / Cancelled cheque / Bank Statement / Bank Passbook				
8.	All the documents collected are verified with the original				
9.	Verification stamp with signature, name & date on the documents collected.				
10.	Is Date of birth, sex, nationality, occupation etc. of the client properly filled in the form				
11.	Form is complete in all respects.				
HUF ACCOUNT					
12.	Signed Photograph of the Karta				
13.	Proof of Identity of the Karta				
14.	Copy of PAN Card of HUF, Karta & all the coparceners.				
15.	Undertaking letter signed by all coparceners.				
16.	HUF Stamp is affixed wherever the client signs on the form.				
17.	Address proof of HUF, Karta & all the coparceners.				
18.	Birth Certificate of Minor.				
CORPORATE ACCOUNT					
19.	Board Resolution on Company Letter Head as per format attached with the form.				
20.	All Director's proof of identity				
21.	All Director's address proof & Bank Account Proof.				
22.	All Director's latest signed photographs.				
23.	Copy of PAN Card of Company, Director, Authorised Signatory.				
24.	Corresponding address proof should match with that written in the form.				
25.	Memorandum and Article of Association is required with Company Rubber Stamp and Director Signature.				
26.	Company stamp affixed wherever the director signs on the form.				
27.	Certified true copies of the balance sheet for the last 2 financial years. (Copies of annual Balance sheet to be submitted every year)				
28.	Copy of latest share holding pattern including list of all those holding more than 5% in the share capital of the company, duly certified by the company secretary/whole-time director/M.D. (Copy of updated shareholding pattern to be submitted every year)				
29.	Copy of MAPIN UID Card				

Type	No.	Branch		Head Office	
		Yes	No	Yes	No
	TRUST ACCOUNT				
30.	DP Account can be opened in the name of the trust if it is a Public Trust only				
31.	Certified True copy of the Trust Deed.				
32.	Trustees proof of identity.				
33.	Trustees address proof & PAN Card.				
34.	Trustees latest signed photographs.				
35.	PAN or Registration No. of the Trust.				
36.	Valid Bank proof in the name of the Trust.				
	PARTNERSHIP FIRM				
37.	Certified true copy of Partnership Deed.				
38.	Partners Proof of Identity.				
39.	Partners address proof.				
40.	PAN Card of Firm & Partners.				
41.	Valid Bank proof in the name of partnership firm.				

BRANCH-IN-CHARGE	CLIENT	Received & Verified by	Activated by	Cross Verified by
	 (23)			

Client introduced by	
Relationship Manager	
Remarks with Signature of Introducer	

All information & particulars in this application have been verified to the best of my knowledge & belief.

Authorised Signatory & Seal

DETAILS VERIFIED FROM UNSC
LIST & SEBI DEBARRED ENTITY LIST

Signature _____

Name of Employee _____

Date _____



SIDDHARTHA COMMODITIES PVT. LTD.

Form No.:

Client Code :

Branch Name :

Client Name :

Date of Registration :

Recommended by :

SIDDHARTHA COMMODITIES PVT. LTD.

CIN : U51109RJ2004PTC019795

Member : MCX

SEBI Regn. No.: INZ000086139

Member ID : MCX - 31460

Regd. Off.: C-73, Adarsh Nagar, Near Adarsh Nagar Police Station, Jaipur, Rajasthan 302004

Phone : +91-141-4911811, Mob: 7792007792

E-mail : info@siddharthacommodities.com • Website : www.siddharthacommodities.com



ACKNOWLEDGEMENT SLIP

To,

Siddhartha Commodities Pvt.Ltd.

Regd. Off.: Siddhartha Commodities Pvt. Ltd, Regd. Off.: C-73, Adarsh Nagar, Near Adarsh

Nagar Police Station, Jaipur - 302004 (RAJ)

Dear Sir,

I/We hereby acknowledge the receipt of Risk Disclosure Document, Right and Obligations and Guidance Note with duly executed copy of KYC and other documents. Further I/We confirm that the supporting documents for KYC submitted by me/us are true and correct. I/We acknowledge that the other details related to my/our account are as under:

Name.....

Address.....

.....
Trading Code.....

UCC.....

My Email Id.....

Signature of Client :  (24) _____

Date:

D	D	M	M	Y	Y	Y	Y
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