

KUNVARJI COMMODITIES BORKERS PVT. LTD.

Regd. Office: Block-b, 1st Floor, Siddhi Vinayak Towers, Makarba, Ahmedabad - 380 051.

Phone: +91 79 6666 9000 | Fax: +91 79 2970 2196 | Email: info@kunvarji.com Website: www.kunvarji.com

MCX Member Code: 12575 SEBI REGISTRATION NUMBER: INZ000090531



Client **Registration** Form - COMRIS

KUNVARJI
COMMODITIES
BROKERS
PVT. LTD.



Non-Individual

Form No.: _____

Name:

Code:

Branch/RM/AP Name :

AP Name:

Group Code :

CEO Details: Mr. Jay Deliwala | Phone: +91 79 66669000 | Email: jay.deliwala@kunvarji.com

Compliance Officer: Mr. Atul M. Chokshi, Ph no.: 079-66669000 Email id: atul.chokshi@kunvarji.com

For any grievance/dispute please contact member **KUNVARJI COMMODITIES BROKERS PVT. LTD.** at the above address or email id- info@kunvarji.com and Phone no. 91-79-66669000. In case not satisfied with the response, please contact the concerned exchange(s) at

Sr.No.	NAME OF EXCHANGE	EMAIL ID	PHONE NO.
1.	MULTI COMMODITY EXCHANGE OF INDIA LIMITED – MCX	grievance@mcxindia.com	022-6731 8888/022-6649 4000
2.	MULTI COMMODITY EXCHANGE CLEARING CORPORATION LIMITED – MCXCCL	grievance@mcxccl.com	022-6649 4099/022 6726 9558

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City/ District																			
State																			
Country													Pin Code						

Tel. (Off.)									Tel. (Off.)								
Mobile No.									Fax								

Email ID

Specify the Proof of address

Registered Address (If different)																		

City/ District																			
State																			
Country													Pin Code						

Tel. (Off.)									Tel. (Off.)								
Mobile No.									Fax								

Email ID

Specify the proof of address submitted for correspondence address

C. OTHER DETAILS (Gross Annual Income Details (Please Specify)).

Net-worth as on Date
 (Net worth should not be older than 1 year)

Name, PAN, residential address and photographs of Promoters/Partners/ Karta/Trustees and whole time directors

Landline Number

DIN / DPIN / UID of Promoters/Partners/LLP Partners and whole time directors:
 (Please tick, as applicable)

Politically Exposed Person (PEP)	<input type="checkbox"/>	Related to a Politically Exposed Person	<input type="checkbox"/>
Not a Politically Exposed Person (PEP)	<input type="checkbox"/>	Not Related a politically Exposed Person (PEP)	<input type="checkbox"/>

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D. BANK ACCOUNT DETAILS

Bank Name	Branch address	Bank account no.	Account Type: Saving/Current/Oth.	MICR Number	IFSC code

Note: Provide a copy of cancelled cheque leaf/ pass book/bank statement specifying name of the applicant, MICR Code or/and IFSC Code of the bank.

E. DEPOSITORY ACCOUNT(S) DETAILS, if available

D P Name	Depository Name (NSDL/CDSL)	Beneficiary Name	DP ID	Beneficiary ID (BO ID)

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

F. REPOSITORY ACCOUNT(S) DETAILS, if available

Repository Participant Name	Repository Name (CCRL/NERL)	Beneficiary name	RP ID	Beneficiary ID (BO ID)

Note: Provide a copy of either Remat Master or a recent holding statement issued by RP bearing name of the applicant.

G. TRADING PREFERENCES

Note: Please sign in the relevant boxes against the Exchange with which you wish to trade. The Exchange not chosen should be struck off by the applicant.

Sr. No.	Name of the Stock Exchanges #	Date of Consent for trading on the Exchange	Signature of the Applicant
1			
2			
3			
4			

At the time of printing the form, the Member must specify the names of the Exchanges where the Member has membership.

[In case of allowing a client for trading on any other Exchange at a later date, which is not selected now, a separate consent letter is required to be obtained by the Member from client and to be kept as enclosure with this document]

H. INVESTMENT/TRADING EXPERIENCE

Other Investment Related Fields Commodity No Prior Experience

Years

 Years

I. Goods and Services Tax Registration Details

GST No.

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

 Validity

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

Name of The State

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In case Client wishes to provide multiple GST No., provide details of all in a separate sheet containing all the information as mentioned above.

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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.

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

1. PAN card.

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. Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill - Not more than 3 months old.
2. GST Registration No.
3. 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.
4. 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.
5. 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.
6. The proof of address in the name of the spouse may be accepted.

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ComRIS ACCOUNT TARIFF SHEET

FOR TRANSACTIONS IN BASE METALS ONLY

Effective from 01.04.2021

I/We agree to pay charges for transaction and holding of base metal electronic receipt in my ComRIS account as under.

Serial No.	Nature of Transaction	Tariff (Rs.)
1	Pledge creation for Margin purpose	Rs. 50/- per Transaction
2	Pledge creation for purpose other than margin	Rs. 75/- per transaction
3	Un-pledge or De-pledge (For all purposes)	Rs. 75/- per transaction
4	Pledge invocation	Rs. 25/- per transaction
5	Pay-in (Early Pay-in /Delivery Pay-in	Rs. 35/- per transaction
6	Off Market Credit and Off Market Debit	Rs. 50/- per transaction
7	Custody charges	Rs. 25/- per MT per each calendar month (whether full or partial)

Terms & Conditions

1. Taxes as applicable.
2. Tax invoices will be prepared based on data provided by MCX/MCXCL.
3. The ComRIS account holder authorises Kunvarji Commodities Brokers Pvt. Ltd (KCBPL) to debit the invoice amount to his/her/its ledger account with KCBPL.
4. Tariff rates are subject to change as per discretion of MCX/MCXCL.
5. Any requirements or directives specified by MCX/MCXCL will be binding on the ComRIS account holder.

I/We have read and understood the tariff sheet and terms and conditions stated hereinabove and I undertake to abide by the same.

Name of the Client _____

Client Trading Code: _____

ComRIS Account No. _____

Signature of the Client/ ComRIS account holder

(In case of Company or partnership firm, the signature of Authorised Signatory with seal/stamp of the Company/Partnership Firm)

Date: / /

To,
M/S KUNVARJI COMMODITIES BROKERS PVT. LTD.
"B' Wing, Siddhi Vinayak Tower
Nr. D.A.V. School, Next to Kataria House,
Off S.G. Road,
Makraba,
Amedabad-51

Dear Sir/Madam,

WHEREAS, the Hindu Undivided Family (hereinafter known as H.U.F.) of Mr. _____ (Karta) is carrying on business in the name and style of _____ and intent to open and operate a ComRIS account in the name herein, with MCXCCL through M/S. Kunvarji Commodities Brokers Private Limited (KCBPL), Ahmedabad, a ComRIS Participant, a Stock Broker and Member of MCX.

1. We the undersigned hereby confirm and declare that we are the present adult Co-parceners of the said joint family.
2. We hereby confirm that the affairs of the H.U.F. are carried on mainly by the Karta on behalf of and for the benefit of all the co-parceners of the H.U.F. We hereby authorize Mr. _____ on behalf of the H.U.F. to sign, execute and submit all applications, forms, document etc. as also to issue instructions for transactions including but not limited to for early pay-in, pay-in, off-market transfer, pledge and unpledged etc. in respect of electronic warehouse receipts holding in firm's ComRIS account.
3. The Karta is also authorized to sign, execute and submit such applications, undertakings, agreements and other requisite documents, writing and deeds as may be deemed necessary or expedient to open such ComRIS account and give effect to his purpose. We are, however, jointly and severally responsible for all liabilities of the H.U.F. to MCXCCL and the ComRIS Participant and agree and confirm that any claim due to MCXCCL or to ComRIS Participant from the H.U.F. shall be recoverable from the assets of anyone or all of us and also from the estate of the H.U.F. including the interest thereon of every co-parcener of the H.U.F., including the share of the minor co-parceners, if any.
4. We hereby agree and undertake that all the transactions carried by you as per the instructions whether oral (telephonic or personal) and/or written, given by our above named Karta shall be binding upon our firm as well as to all the partners individually and personally and our respective estates.

5. We undertake to inform the ComRIS Participant in writing of any change that may occur in the Karta or in the constitution of the H.U.F. and until receipt of such notice by the ComRIS Participant, which shall be binding on the H.U.F. and due obligations of the H.U.F. and due obligations of the H.U.F. in the ComRIS Participant's book on the date of the receipt of such notice by the member and until all such dues and obligations shall have been liquidated and discharged.

6. We understand that the ComRIS account can be opened in the name of Karta with MCXCCL through ComRIS Participant M/S Kunvarji Commodities Brokers Pvt. Ltd. as per regulations, to facilitate the operations of the said ComRIS account with you and for the purpose of completing the obligations pursuant to ComRIS operations. We authorize you to recognize the ComRIS account number _____ with MCXCCL participant Kunvarji Commodities Brokers Pvt. Ltd opened in the name of Mr. _____ who is the Karta of the H.U.F, as that of ComRIS account of the HUF. .

7. The names and date of birth of the present minor co-parceners of H.U.F. are given below. I/We undertake to inform Member in writing as and when each of the said members attains the age of majority and is authorised to act on behalf of, and bind the said H.U.F.

Name of Minor	Father's Name	Date of Birth

8. We are aware of the rules and regulations pertaining to operation of ComRIS account and we agree to comply with and be bound by the said rules now in force or any charges that may be made therein from time to time.

Thank you,

Yours Truly

CO-PARCENER'S NAME	CO-PARCENER'S SIGNATURE

Signature of Karta

(Along with rubber stamp)

DECLARATION BY KARTA & COPARCENERS OF HUF

HUF NAME			
Name of Karta			
	(Name of the Karta) hereby declare that I am the Karta of the HUF		
	(Name of HUF) and following persons are the Co Parceners of the HUF.		
	(Name of the Karta) is the Karta of the above mentioned HUF of which we are the Co Parecener		
Sr. No.	Name	Date of Birth	Relationship of Karta

Signature (With Stamp of HUF)

TO BE GIVEN BY PARTNERSHIP FIRM ON ITS LETTERHEAD

Date: / /

To,
M/S KUNVARJI COMMODITIES BROKERS PVT. LTD.
"B' Wing, Siddhi Vinayak Tower
Nr. D.A.V. School, Next to Kataria House,
Off S.G. Road,
Makraba,
Amedabad-51

Dear Sir/Madam,

Sub: Operations of our ComRIS account with MCXCCL through you as ComRIS Participant

We the partners of M/S _____, a partnership firm incorporated under the provision of Indian Partnership Act, d hereby agree, undertake and authorise as under:

- 1) We desire to open a ComRIS Account with you for recording and transacting in electronic warehouse receipts of goods deposited in MCXCCL accredited warehouses and accordingly have submitted to you a ComRIS account registration form in the name of our firm for the purpose of opening a ComRIS account.
- 2) We the undersigned partners, be and are hereby authorise Mr./Ms. _____ one of the partner of our firm to sign, execute and submit all applications, forms, document etc. as also to issue instructions for transactions including but not limited to for early pay-in, pay-in, off-market transfer, pledge and unpledged etc. in respect of electronic warehouse receipts holding in firm's ComRIS account.
- 3) We hereby agree and undertake that all the transactions carried by you as per the instructions whether oral (telephonic or personal) and/or written, given by our above named partner shall be binding upon our firm as well as to all the partners individually and personally and our respective estates.
- 4) We hereby undertake to inform you in witting in case of any change in the constitution of or change of authorised partner. Such instructions shall be signed by all the partners of the firm for the time being

Name of the partner

Signature with stamp

Name of the partner

Signature with stamp

Name of the partner

Signature with stamp

TO BE GIVEN BY COMPANY ON ITS LETTERHEAD

CERTIFIED TRUE COPY OF THE RESOLUTION PASSED AT THE MEETING OF THE BOARD OF DIRECTORS OF M/S. _____ HELD ON _____ AT THE REGISTERED OFFICE OF THE COMPANY AT _____

“RESOLVED THAT

1. The company be and is hereby authorised to open and operate ComRIS account as defined as per provisions of Rules, Regulations and Bye-laws of MCX Clearing Corporation Limited (MCXCCL) in accordance with enabling provisions contained in the Memorandum and Articles of Association and to do all such acts and deeds as may be required pursuant thereto.
2. The Company be and is hereby authorised to open and operate a ComRIS account in the name of the Company with MCXCCL through M/S. Kunvarji Commodities Brokers Private Limited (KCBPL), Ahmedabad, a ComRIS Participant, a Stock Broker and Member of MCX.
3. The Company be and is hereby authorises M/S. Kunvarji Commodities Brokers Private Limited (KCBPL), Ahmedabad, a ComRIS Participant to honour all instructions issued including but not limited to for early pay-in, pay-in, off-market transfer, pledge and unpledged etc. in respect of electronic warehouse receipts holding in company’s ComRIS account, by any of the following authorized signatories of the Company and to act upon any such instruction so issued relating to said ComRIS account.

SR.NO.	NAME & DESIGNATION OF THE AUTHORISED SIGNATORY	SIGNATURE WITH STAMP
1.		
2		
3.		
4.		

4. The Company be and is hereby authorise any one of the aforesaid directors/authorised signatories of the Company, jointly or severally to make an application for opening the said ComRIS account and to do all other formalities that are necessary for opening the ComRIS account including certifying Memorandum and Articles of Association of the Company.
5. Mr./Ms. _____ (Name of the director), director of the Company be and is hereby authorised to send certified copy of this resolution to the aforesaid ComRIS participant for their information, records and necessary action.

CERTIFEID TRUE COPY

For _____ Pvt. Ltd./ Ltd.

(Name and Signature with Company’s stamp)

Date: / /

Place: _____