

CHECKLIST OF DOCUMENTS SUBMITTED

- Client Registration Form (Individual or Non-Individual as applicable)
- Information about Authorised Persons/Partner/Directors/Karta/Authorised Persons.
- Member Constituent Agreement.
- RDD (Risk Disclosure Document).
- Declaration for not having Income Tax PAN Number.
- Declaration by Sole Proprietorship Firm.
- Declaration by Karta.
- Authority letter in case of Partnership Firm.
- Authorisation letter for maintaining running account.
- Letter for adjustment of balances in family accounts.
- Consent letter to receive Contract Notes/Trade Confirmations by E-mail.
- Passport size photograph.
- Copy of MAPIN card.
- Copy of Income Tax PAN card.
- Copies of any two of Voters ID Card/Ration Card/Driving Licence/Passport.
- Cancelled Cheque (MICR) from existing Bank A/c.
- Copy of Client Master from DP or latest transaction statement (1st page only).
- Letter from Banker certifying the account number and the period from which the account is in operation or copy of Bank Passbook / Statement of account.
- Copy of the latest Income Tax Return with Computation.
- Proof of Sales Tax Registration with local and Central Sales Tax Authorities (Compulsory for Delivery Trades).
- Partnership Deed in case of Partnership.
- Trust Deed in case of a Trust.
- Certified True copies of the Memorandum & Articles of Association with those of certificate of Incorporation and Commencement of business (if applicable).
- Board Resolution in case of Corporate.
- Certified True Copies of Annual Reports of last three years in case of Corporate.
- In case of companies, partnership firm, non-individual entities, copy of the net worth certificate issued by Chartered Accountant.
- In case of companies, partnership firm, non-individual entities, copy of Address proof, copies of identity proof of Partners/Directors/Karta/Authorised Persons.
- Letter of Authorisation in favour of Karta/Trustee/Authorised Signatory.
- Any other Documents :

| | Name | Date | Signature |
|--------------------|------|------|-----------|
| Received by | | | |
| Verified by | | | |
| Scanned by | | | |
| Details Entered by | | | |
| Account Opened by | | | |
| Client Code | | | |

GUIDELINES FOR OPENING A TRADING ACCOUNT

1. Read the form carefully. All the columns are to be compulsorily filled up; score off blank spaces that are not applicable or write 'N. A.'.
2. Trading account will not be opened in joint names. Each client has to use separate registration form.
3. Paste a recent passport size photograph in the space provided for in the form and **sign across the photograph**, in a manner where part of the signature is on the photo and other part on the Form.
4. Please put your full signatures on the place marked (S) _____.
CLIENT
5. Please attach required documents and tick the respective boxes in checklist.
6. Pin code and Telephone number is to be mentioned compulsorily.
7. Witness signature is required on the agreement.
8. All signatures to be made in **black ink**.
9. NRI Clients should furnish copy of RBI Permission.
10. In case of any query please contact the concerned officials of our respective local office.

List of Documents to be submitted

(A) Individual / Sole Proprietor

1. A passport size photograph
2. Proof of Demat Account
4. Letter from Banker certifying the account number and the period from which the account is in operation or copy of Bank Passbook / Statement of A/c.
5. For Proof of Identity (any one of the following)
 - i. PAN Card (Mandatory)
 - ii. Passport
 - iii. Voter ID
 - iv. Driving license
 - v. MAPIN UID Card
 - vi. Photo Identity card issued by Employer registered under MAPIN
6. Proof of Address (any one of the following)
 - i. Passport
 - ii. Voter ID
 - iii. Driving license
 - iv. Bank Passbook
 - v. Rent Agreement
 - vi. Ration Card
 - vii. Flat Maintenance Bill
 - viii. Telephone Bill (Not more than 2 months old)
 - ix. Electricity Bill (Not more than 2 months old)
 - x. Certificate issued by employer registered under MAPIN
 - xi. Insurance Policy
7. Copy of the latest Income Tax Return Filed.
8. Proof of Sales Tax Registration with Local and Central Sales Tax authorities (Compulsory for Delivery Trade)
9. A declaration on the letterhead of the firm as per format enclosed.

(B) Hindu Undivided Family

1. A passport size photograph of the Karta.
2. Proof of Demat Account (Compulsory for delivery trades).

3. Photocopy of PAN Card of HUF and Karta.
4. Letter from Banker certifying the account number and the period from which the account is in operation for both HUF and Karta.
5. Copy of the latest Income Tax Return filed.
6. Proof of Sales Tax Registration with Local and Central Sales Tax authorities (Compulsory for Delivery Trade).
7. Declaration giving details of the family members of the HUF with their names, date of birth and relationship with the Karta along with Signature of Karta & all the Co-parceners on the declaration as per the format attached herewith.

(C) Partnership Firms

1. Certified true copy of the Partnership Deed.
2. A passport size photographs of the Partners.
3. Proof of Identity and Proof of Address of Partners.
4. Proof of Demat Account (compulsory for delivery trades) in joint name of partners.
5. Photocopy of PAN Card of Partnership Firm and Partners.
6. Letter from Banker certifying the account number and the period from which the account is in operation for both Partnership Firm and Partners.
7. Copies of the balance sheet for the last 2 financial years. (copies of annual balance sheet to be submitted every year)
8. Proof of Sales Tax Registration with Local and Central Sales Tax authorities (Compulsory for Delivery Trade).

(D) Corporate

1. Certified true copy of the Certificate of Incorporation, Memorandum and Articles of Association in case of a Company / Body Corporate duly certified by the Company Secretary or Whole-time Director/MD.
2. Copies of the balance sheet for the last 2 financial years. (copies of annual balance sheet to be submitted every year)
3. 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/ MD. (copy of updated shareholding pattern to be submitted every year)
4. Form No. 32 of all Directors.
5. Copy of the Resolution of board of directors' approving participation in equity / derivatives / debt trading and naming authorized persons for dealing in securities.
6. Photographs of Whole time directors, individual promoters holding 5% or more, either directly or indirectly, in the shareholding of the company and of persons authorized to deal in securities.
7. Net Worth Certificate (Certified by C.A.).
8. Photocopy of PAN Card of Corporate, Authorised Persons and Whole-time Directors.
9. Address proof of the Company.
10. Proof of Identity and Proof of Address of Authorised Persons and Whole-time Directors, as required for proprietor.
11. A passport size photograph of the Authorised Persons and Whole-time Directors.
12. Proof of Demat Account of the Company (compulsory for delivery trades).
13. Letter from Banker certifying the account number and the period from which the account is in operation for Company, Authorised Persons and Whole-time Directors.
14. Copy of the latest Income Tax Return filed.
15. Proof of Sales Tax Registration with Local and Central Sales Tax authorities (Compulsory for Delivery Trade).



Shaunak Services Pvt. Ltd.

FOR INDIVIDUAL

Member: National Spot Exchange Limited
Membership Registration No.: 55350

Dear Sir,/Madam,
I/We request you to register us as your client and in this regard the following information is furnished:

1. Personal Details:

| | | | |
|-----------------------------------|----------------------------------|------------------------------------|--|
| Full Name | | | |
| | | (Name) | (Middle Name) |
| | | (Surname) | |
| Name of the Proprietorship Firm:- | | | |
| Gender : | <input type="checkbox"/> Male | <input type="checkbox"/> Female | Affix Photograph (if client is individual) Please Sign across the photograph |
| Date of Birth: (DD/MM/YYYY) | | | |
| Marital Status: | <input type="checkbox"/> Married | <input type="checkbox"/> Unmarried | |
| Residence Address: | | | |
| City : | | Pin Code : | |
| State : | | Country : | |
| Correspondence Address: | | | |
| City : | | Pin Code : | |
| State : | | Country : | |
| Nationality : | | E-mail : | |
| Telephone Number: R | | M | Fax : (Std Code) |
| Residential Status: | Indian / NRI / Others | | |
| Permanent Account Number (PAN): | | | |

Ⓢ

2. Occupation Details

| | | | | | | |
|--|-----------------------------------|--|-----------------------------------|---------------------------------------|-------------------------------------|---------------------------------|
| Occupation : (Tick whichever is applicable) | <input type="checkbox"/> Employed | <input type="checkbox"/> Self Employed | <input type="checkbox"/> Business | <input type="checkbox"/> Professional | <input type="checkbox"/> House Wife | <input type="checkbox"/> Others |
| Name of Employer (if employed) | _____ | | | | | |
| Name of Establishment (Self Employed / Business / Professional/Others) | _____ | | | | | |
| Office Address: | _____ | | | | | |
| City: | Pin Code: | State : | Country : | | | |
| Telephone Number (Office) : | Fax : | _____ | | | | |
| E-mail ID: | _____ | | | | | |

3. Bank Account Details

| | | | |
|--|----------------------------------|----------------------------------|--|
| Bank Name (through which transactions will generally be routed) | | | |
| Branch : | Address: | | |
| Account Type : | <input type="checkbox"/> Savings | <input type="checkbox"/> Current | NRI [<input type="checkbox"/> NRO <input type="checkbox"/> NRE] <input type="checkbox"/> Others : |
| Account No: | | | |

4. Depository Account Details: (For Commodity WH Receipt Holding & Transfer)

| NSDL | | CDSL | |
|-----------|-------|-----------|-------|
| DP ID : | _____ | DP ID : | _____ |
| DP Name : | _____ | DP Name : | _____ |
| BO ID : | _____ | BO ID : | _____ |
| Address : | _____ | Address : | _____ |

5. Financial details of the constituent:

| | | | |
|-----|---|--|---|
| i) | Income Range (Per Annum): (Tick where applicable) | Below Rs. 1,00,000 <input type="checkbox"/> | Rs. 1,00,000 To Rs. 5,00,000 <input type="checkbox"/> |
| | | Rs. 5,00,000 To Rs. 10,00,000 <input type="checkbox"/> | Rs. 10,00,000 To Rs. 25,00,000 <input type="checkbox"/> |
| | | | Above Rs.25,00,000 <input type="checkbox"/> |
| ii) | Networth as on (DD/MM/YY): Rs. _____ as on ____/____/____ | | |

6. Investment / Trading Experience:

| | | | |
|------|--|------------------------------------|---------------------|
| i) | Market | Market | No. of years |
| | No prior Experience | Years in Commodities | |
| | | Any other investment related field | |
| ii) | Client Profile: (Producer / Trader / Consumer) | | |
| | Whether currently registered with any other Member: Yes / No | | |
| | Name of Member : | Broker Code : | |
| | Name of Exchange : | Client Code : | |
| iii) | Details of any action taken by SEBI /FMC/ Stock Exchange / Commodity exchange / any other authority: | | |
| iv) | Details of Registration with other Exchanges: | | |
| | Name of Exchange: | Name of Broker: | |

7. Sales Tax Registration Details:

| | |
|--|---------------|
| <input type="checkbox"/> Delivery Based Trade <input type="checkbox"/> Non-Delivery Based Trade (Compulsory in case of Delivery Based Trading) | |
| Local Sales Tax (Please give details of all States where you are registered) | |
| Registration No. | Validity Date |
| Central Sales Tax Registration No. | Validity Date |

8. Trading Preference:

Commodity Exchanges on which you wish to trade (if the member is also registered with other Exchanges):

| |
|----|
| 1. |
| 2. |

9. Documents submitted:

| Document | Number | Place of Issue | Date of Issue | Expiry Date |
|-------------------------|--------|----------------|---------------|-------------|
| Passport | | | | |
| Voter ID | | | ----- | ----- |
| Driving License | | | | |
| PAN No. | | ----- | ----- | ----- |
| Ration Card | | | ----- | ----- |
| Leave Licence Agreement | ----- | ----- | ----- | |

10. References:

| | |
|---|-------------------------|
| Introduced by another Client / Director / Employee: | |
| Full Name: | |
| Address of Introducer: | |
| | Signature of Introducer |
| | |

11. Declaration:

The information furnished above is true to the best of my knowledge and belief. I undertake to inform changes in any of the above points in writing immediately to the exchange. I enter into agreement to abide by all the terms and conditions of the exchange.

Place : _____

Signature :  _____
(Stamp in case of firm)

Date : _____

Full Name: _____

Note: Each client will have to use separate form. In case of Joint names/family members, each clients will have to use separate forms for each person separately.



Shaunak Services Pvt. Ltd.

Member: National Spot Exchange Limited
Membership Registration No.: 55350

FOR NON -
INDIVIDUAL

Dear Sir,/Madam,
I/We request you to register us as your client and in this regard the following information is furnished:

Investor Type: Partnership firm / Body Corporate / HUF / Trust / FI / Society / Others (Please specify)

1. Client Details

| | | | |
|--|--|----------------------------------|--|
| Name of the Company / Firm : | | | |
| Date of Incorporation / Formation | | Date of Commencement of Business | |
| Registration Number (with ROC, SEBI or any Government authority) | | | |
| Permanent Account Number (PAN) | | | |

2. Registered Office Details

| | | | |
|-----------------------|--|-----------------|--|
| Address : | | | |
| City : | | Pin Code: | |
| State : | | Country | |
| Telephone Number(s) : | | Fax: (Std Code) | |
| E-mail ID : | | | |

3. Correspondence Details

| | | | |
|-----------------------|--|-----------|--|
| Address : | | | |
| City : | | Pin Code: | |
| State : | | Country | |
| Telephone Number(s) : | | Fax : | |
| E-mail ID : | | | |

4. Names of Promoters / Partners / Karta and their residential address

| | | |
|---------|-----------|--|
| 1. Name | Address : | |
| 2. Name | Address : | |
| 3. Name | Address : | |
| 4. Name | Address : | |

5. Names of Directors and residential address

| | | |
|---------|-----------|--|
| 1. Name | Address : | |
| 2. Name | Address : | |
| 3. Name | Address : | |
| 4. Name | Address : | |

6. Names and Designation of persons authorised to deal in commodities on behalf of the company/firm/others and their residential address

| | | |
|---------|---------------|--|
| 1. Name | Designation : | |
| 2. Name | Designation : | |
| 3. Name | Designation : | |
| 4. Name | Designation : | |

7. Bank Account Details:

| | | |
|--|---|--|
| Bank Name (through which transactions will generally be routed) | | |
| Branch : | Address: | |
| Account Type : | <input type="checkbox"/> Savings <input type="checkbox"/> Current NRI [<input type="checkbox"/> NRO <input type="checkbox"/> NRE] <input type="checkbox"/> Others : | |
| Account No: | | |

8. Depository Account Details: (For Commodity WH Receipt Holding & Transfer)

| NSDL | | CDSL | |
|-----------|-------|-----------|-------|
| DP ID : | _____ | DP ID : | _____ |
| DP Name : | _____ | DP Name : | _____ |
| BO ID : | _____ | BO ID : | _____ |
| Address : | _____ | Address : | _____ |

9. Financial details of the constituent:

| | | | |
|-----|---|---|---|
| i) | Income Range (Per Annum): (Tick where applicable) Below Rs. 1,00,000 <input type="checkbox"/> | | Rs. 1,00,000 To Rs. 5,00,000 <input type="checkbox"/> |
| | Rs. 5,00,000 To Rs. 10,00,000 <input type="checkbox"/> | Rs. 10,00,000 To Rs. 25,00,000 <input type="checkbox"/> | Above Rs.25,00,000 <input type="checkbox"/> |
| ii) | Networth as on (DD/MM/YY): Rs. _____ as on ____/____/____ | | |

10. Investment / Trading Experience:

| i) | Market | Market | No. of years |
|------|--|------------------------------------|--------------|
| | No prior Experience | Years in Commodities | |
| | | Any other investment related field | |
| ii) | Client Profile: (Producer / Trader / Consumer) | | |
| | Whether currently registered with any other Member: Yes / No | | |
| | Name of Member : | Broker Code : | |
| | Name of Exchange : | Client Code : | |
| iii) | Details of any action taken by SEBI /FMC/ Stock Exchange / Commodity exchange / any other authority: | | |
| iv) | Details of Registration with other Exchanges: | | |
| | Name of Exchange: | Name of Broker: | |

11. Sales Tax Registration Details:

| | |
|--|---------------|
| <input type="checkbox"/> Delivery Based Trade <input type="checkbox"/> Non-Delivery Based Trade (Compulsory in case of Delivery Based Trading) | |
| Local Sales Tax (Please give details of all States where you are registered) | |
| Registration No. | Validity Date |
| Central Sales Tax Registration No. | Validity Date |

12. Trading Preference

Commodity Exchanges on which you wish to trade (if the member is also registered with other Exchanges):

| |
|----|
| 1. |
| 2. |

13. References:


| | |
|---|-------------------------|
| Introduced by another Client / Director / Employee: | |
| Full Name: | |
| Address of Introducer: | |
| | Signature of Introducer |
| | |

14. Declaration:

The information furnished above is true to the best of my knowledge and belief. I undertake to inform changes in any of the above points in writing immediately to the exchange. I enter into agreement to abide by all the terms and conditions of the exchange.

Authorised Signatory (with company seal)

Place : _____

Signature :  _____

Date : _____

Name : _____

Designation: _____

**INFORMATION ABOUT AUTHORISED PERSONS / KARTA/ SOLE PROPRIETOR/ PARTNERS/ PROMOTERS /
KEY MANAGERIAL PERSONNEL/ DIRECTOR**

(In case of more than one Authorised Person / Partner / Promoters / Key Managerial Personnel / Director please attach additional sheet(s) providing following details)

Personal Details

| | | | |
|--|-----------------------|-------------|---|
| Name : | | | |
| | (First Name) | (Last Name) | (Middle Name) |
| Designation : | | | Please affix your recent passport size photograph and sign across it. |
| Residence Address : | | | |
| City : | | Pin Code : | |
| State : | | Country : | |
| Nationality : | | | |
| Telephone Number : | Res : | | |
| | Fax : | | |
| E-mail ID : | | | |
| Residential Status : | Indian / NRI / Others | | |
| Qualification : | | | |
| Experience : | | | |
| Equity Stake in the Company/Firm : | | | |
| Details of Permanent Account Number (PAN) (please attach photocopy of PAN card): | | | |

Bank Account Details


(Please submit a letter from the banker certifying the account number and the period from which this account is in operation)

| | | |
|----------------|--|---------------------------|
| Bank Name | | |
| Branch : | | |
| Address: | | |
| Account Type : | | |
| Account No: | | Date of opening Account : |

Proof of Identity submitted (Any Two from below mentioned list is mandatory)

| Particulars | Number | Place of Issue | Date of Issue | Expiry Date |
|------------------------|--------|----------------|---------------|-------------|
| PAN Card | | | | |
| Election Identity Card | | | | |
| Passport | | | | |
| Driving License | | | | |
| Ration Card | | | | |

Place _____

Signature  _____

Date _____

Name _____

MEMBER - CLIENT AGREEMENT

(Business Rule - 27)

This agreement is made at _____ this _____ day of _____ 20____ by and between **Shaunak Services Pvt. Ltd.**, a company/firm/individual or any other body duly formed and registered under the Relevant Act, hereinafter called MEMBER OF THE EXCHANGE, having its registered office at **No.15, Ground Floor, #92 Kedia Arcade, Infantry Road, Bangalore - 560 001** and company / firm / individual or any other body duly formed and registered under the Relevant Act, hereinafter called CLIENT, having its registered office address at _____

Witnessst :

Whereas the member is registered as MEMBER OF THE NATIONAL SPOT EXCHANGE LIMITED (hereinafter called (NSEL).

Whereas the CLIENT is desirous of trading in those contracts admitted for dealing on NSEL as defined in the Bye – Laws, Rules and Business Rules of NSEL.

Whereas the CLIENT has satisfied himself of the capability of the MEMBER OF THE EXCHANGE to deal in those contracts admitted for dealing on the NSEL and wishes to execute his orders through him and the CLIENT shall continue to satisfy him of such capability of the MEMBER OF THE EXCHANGE before executing any orders through him.

Whereas the MEMBER OF THE EXCHANGE has satisfied and shall continuously satisfy himself about the genuineness and financial soundness of the CLIENT and trading objectives relevant to the services to be provided.

Whereas the MEMBER OF THE EXCHANGE has taken steps and shall take steps to make the CLIENT aware of the precise nature of the MEMBER liability for business to be conducted, including any limitations on that liability and the capacity in which it acts.

In consideration of handling transactions carried out on the NSEL, THE CLIENT understands the following risks disclosed by the Member and states as follows:

- A. I / We understand that the spot trading involves daily settlement. Every day the net outstanding position (whether purchase or sale) at the end of the day shall result into compulsory delivery. I/We shall ensure that the commodities are as per the contract specifications of the Exchange and within tolerance limits set out in the contract specification and such commodities are delivered at the designated warehouse of the Exchange before the scheduled pay-in time fixed by the Exchange. I/We further understand that in case of failure on my part to deliver the specified commodity at the specified delivery center within the specified time set by the Exchange, such commodities shall be procured by the Exchange through auction procedure at my cost and risk. I / we shall be liable to make good of such losses that may be recovered from the members by the Exchange on my account.
- B. I / We understand that in case of my liability of funds pay-in position, I shall ensure transfer of funds to the members account well before the schedule pay-in time to enable the member to meet his funds pay-in obligation on my account. I/We further understand that in case of failure on my/our part to pay/transfer funds before the scheduled pay-in date, the commodities purchased by the member on my account may be auctioned by the Exchange/sold by the Member at my cost and risk. I / We shall be liable to make good of such losses that may be recovered from/suffered by the members on my account.
- C. I / we hereby authorize the member to execute all my written/verbal order for purchase and sale of commodities and comply with the Sales Tax/ VAT/ CST related liabilities on my behalf. I / we irrevocably

authorize the member to recover all the dues from my account against sales tax and other liabilities that may arise in the course of executing my orders on the Exchange platform. I further undertake that the member shall be authorized to take all actions for compliance with the VAT regulations.

- D. I / We understand that my purchase and sales positions shall be marked to market at and of the day of transaction based on the closing price of commodities. I / We shall be required to deposit the amount of loss (notional) resulting from such closing price (if any). This margin will have to be paid within a stipulated time frame, generally before commencement of trading next day.
- E. If I / we fail to deposit the additional margin by the deadline or if an outstanding debt occurs in my account, the Member of the Exchange may liquidate a part of or the whole position or substitute commodities. In this case, I / we shall be liable for any losses incurred due to such close outs.
- F. My order for purchase or sale of any commodity may not be executed when there are insufficient bids or offers or suspension of trading due to price limit or circuit breakers etc.
- G. In order to maintain market stability, the Exchange may change the margin rate, increases in the cash margin rate or others. These new measures may be applied to the existing outstanding position, which are yet to be settled. In such conditions, I / We shall be required to put up additional margins against my positions.
- H. I / We shall ask my Member of the Exchange to provide the full details of the spot contracts before I / WE plan to trade i.e. the contract specifications and the associated obligations.
- I. Before trade, I / We shall obtain a clear explanation of all commission, fees and other charges for which I / We will be liable.
- J. The Exchange offers electronic trading facilities, which are computer-based systems for order-routing, execution, matching, registration or clearing of trades. As with all facilities and systems, they are vulnerable to temporary disruption or failure. The execution of my orders shall be subject to limits on liability imposed by the system provider, the market, the Clearing House and/or Member of the Exchange firms.

In view of the above, I / WE agree that

- 1) I / WE am aware of the risks stated above and understand the trading & risks involved in the trading through the Electronic spot Exchange and am fully responsible for my dealings in this Exchange platform.
- 2) I / WE shall be bound by the Bye-Laws, Rules, Business Rules, and Customs of the NATIONAL SPOT EXCHANGE LIMITED and the Clearing House of the Exchange.
- 3) I / WE shall deposit monies, Warehouse Receipts or other property, which may be required to open and carry out the transactions in my account with you as my agent at the capacity of the Member of NSEL and I / WE being your client.

- 4) I / WE shall not, acting alone or in concert with others, directly or indirectly, hold and control or create excess position than what is permitted from time to time by the Exchange or any other authority.
- 5) All monies, Warehouse Receipts or other property, which you may hold on my account, shall be held subject to a general lien for the discharge of my obligations to you under this agreement.
- 6) I / WE hereby authorize you at your discretion, should you deem it necessary for your protection to buy, sell or close out any part or all of the contracts held in my account with you. I / WE will reimburse any or all such incidental expenses incurred by you.

Now, THEREFORE, in consideration of the mutual understanding as set forth in this agreement, the parties thereto have agreed to the terms and conditions, as follows:

- 1. The agreement entered into between the Member and the CLIENT shall stand terminated by mutual consent of the parties by giving at least one-month notice to each other. Such termination shall not have any effect on the transactions executed before the date of notice of termination and the parties shall enjoy same rights

SIGNED for and on behalf of the Member:

Signature : _____

Title : _____

Name of the Member: **Shaunak Services Pvt. Ltd.**

Witness:

Signature : _____

Name : _____

and shall have same obligations in respect of such transactions.

- 2. In the event of the death or insolvency of the CLIENT or his otherwise becoming incapable of receiving and paying for or delivering or transferring Commodities which the CLIENT has ordered to be bought or sold, the Member may with the approval of the Exchange, close out the transaction of the CLIENT and the CLIENT or his legal representative shall be liable for any losses, costs and be entitled to any surplus which may result there from.
- 3. All trades, transactions and contracts are subject to the Rules, Bye Laws and Business Rules of the Exchange and shall be deemed to be and shall take effect as wholly made, entered into and to be performed in the city of MUMBAI for the purpose of giving effect to the provisions of the Rules, Bye - Laws and Business Rules of the Exchange.

In WITNESS THEREOF, the parties to agreement have caused these presents to be executed as of the day and year first above written.

SIGNED for and on behalf of the Client:

Signature : [Ⓢ] _____

Title: _____

Witness:

Signature : _____

Name : _____

DECLARATION BY FIRM (SOLE-PROPRIETORSHIP)
(To be obtained on Pre-Printed Letter Head of the Firm)

Date : _____

To
SHAUNAK SERVICES PVT. LTD.
No.15, Ground Floor,
#92 Kedia Arcade, Infantry Road,
Bangalore - 560 0016.

Dear Sir,

I refer to the trading account opened with you in the name of.....
and declare and authorize you as under:

I recognize that a beneficiary account cannot be opened with a depository participant in the name of a sole proprietorship firm as per regulations. To facilitate the operation of the above trading account with you and for the purpose of completing the commodities transfer obligations pursuant to the trading operations, I authorize you to recognize the beneficiary account no..... with Depository (DP ID _____) opened in the name of the undersigned who is the sole proprietor of the firm.

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

Further I, the undersigned, am the sole proprietor of the firm and am solely responsible for the liabilities thereof. I shall advise you in writing of any change that takes place in the constitution of the firm and I will be personally liable to you for the entire obligation that the firm may incur in the course of dealings with you and undertake to personally discharge such liabilities.

The cheques / DDs (electronic / physical) may be issued by me from my individual account or my joint account with some one else. This said amounts so given shall be solely / exclusively for credit to the account of my sole proprietorship firm M/s.with **Shaunak Services Pvt. Ltd.** I shall not lay any claim whatsoever in future against **Shaunak Services Pvt. Ltd.** for affording credit of such cheques / DDs issued from any individual/joint account credit of which has been provided by **Shaunak Services Pvt. Ltd.** to the account of my proprietorship firm M/s.....

Yours truly,

Ⓢ

Signature
(please sign with stamp of the firm)

DECLARATION BY KARTA

Date : _____

To,

SHAUNAK SERVICES PVT. LTD.

No.15, Ground Floor,
#92 Kedia Arcade, Infantry Road,
Bangalore - 560 0016.

Subject: Our HUF and all co-parceners details for Trade account with your company

Dear Sir,

Details of our HUF and all its co-parceners are stated as under:

| Name | Date of birth | Relationship | Signature |
|----------|---------------|--------------|-----------|
| 1. _____ | | | |
| 2. _____ | | | |
| 3. _____ | | | |
| 4. _____ | | | |
| 5. _____ | | | |

I hereby, state that details mentioned as above are true and any change in them would be intimated to you in writing.

Thanking you,

Yours faithfully,

Ⓢ _____

(Name & Signature of Karta with the appropriate Karta stamp)

PARTNERSHIP LETTER OF AUTHORITY
(To be obtained on the firm's letterhead)

Date : _____

To

SHAUNAK SERVICES PVT. LTD.

No.15, Ground Floor,
#92 Kedia Arcade, Infantry Road,
Bangalore - 560 0016.

Dear Sirs,

We, the undersigned partners of _____
carrying on business at _____
desire to open account with you for the purpose of buying and selling of securities through you.

We, the partners jointly authorise our partner, Mr./Mrs. _____
_____ to issue instructions to you as our broker for commodities, trades,
funds, etc. and undertake that all the acts of the said partner in this connection purporting to be done on behalf of the firm shall
be binding on the firm and each one of us and our respective estates until liabilities if any, occurred in respect of such acts have
been discharged.

Yours faithfully,

Full Name of the partners

Individual signatures

Signatures on behalf of the firm

| | | |
|----------|--|-----|
| 1. _____ | | (S) |
| 2. _____ | | (S) |
| 3. _____ | | (S) |
| 4. _____ | | (S) |

FORMAT OF BOARD RESOLUTION IN CASE OF CORPORATES

(To be obtained on pre-printed corporate letterhead)

CERTIFIED TRUE COPY OF THE RESOLUTION PASSED IN THE MEETING OF THE BOARD OF DIRECTORS OF M/SHAVING ITS REGISTERED OFFICE ATHELD ON.....DAY OF.....200..... AT.....

Resolved that the company do agree with **Shaunak Services Pvt. Ltd.**, Member: National Spot Exchange Limited etc. for the purpose of dealing on any segment that is / are may be introduced by National Spot Exchange Limited and the said Member be and is hereby authorized to honour instructions, oral / written or electronic, given on behalf of the company by any of the under noted authorized signatories:-

| Sr. No. | Name | Designation | Specimen Signature |
|---------|-------|-------------|--------------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

who is/are authorized to sell, purchase, transfer, endorse, negotiate documents and/or otherwise deal through **Shaunak Services Pvt. Ltd.**, on behalf of the company.

RESOLVED FURTHER THAT Mr.....Director, and / or Mr.....Authorized Signatory of the company be and is hereby authorized to sign, execute and submit such applications, undertakings, agreements and other requisite documents, writings and deeds as may be deemed necessary or expedient to open account and give effect to this resolution.

AND RESOLVED FURTHER THAT, the common seal of the company be affixed, wherever necessary, in the presence of any directors or of any one director and Company Secretary, who shall sign the same in token of the presence.

For.....

Ⓢ
Chairman/Company Secretary
(Signature to be verified by the Banker)

Ⓢ
Specimen signature of the Authorized person.

Name..... Specimen Signature.....
(The above signatures to be attested by the person signing the resolution for account opening on behalf of the company)

Note : Please affix common seal of the company.

Date : _____

To,

SHAUNAK SERVICES PVT. LTD.
No.15, Ground Floor,
#92 Kedia Arcade, Infantry Road,
Bangalore - 560 0016.

Dear Sir,

Ref : Authorization to maintain running accounts for transactions and retention of securities

I/We hereby authorize you to maintain running account(s) for transactions executed through **Shaunak Services Pvt. Ltd.** on any of the commodity exchanges and set off any outstanding debits on account of initial margin / mark-to-market and / or other settlement accounts against any credits lying in the above mentioned accounts or any other accounts maintained by you. In case of delivery taken and obligation not fulfilled, I/We also authorize you to retain commodities received in payout on my/our account with you towards margin in any exchange. Any charges on account of retaining commodities will be borne by me/us.

My/Our unique client code number is : _____

This authorization shall be effective unless intimated otherwise.

Yours faithfully,

Ⓢ

CLIENT

ADJUSTMENT OF BALANCES IN FAMILY ACCOUNTS

Dated : _____

To,
SHAUNAK SERVICES PVT. LTD.
 No.15, Ground Floor,
 #92 Kedia Arcade, Infantry Road,
 Bangalore - 560 0016.

Sir,

| Sr. No. | Client Code of Family Member / Associate | Name of Family Member / Associate | Category* | Signature |
|---------|--|-----------------------------------|-----------|-----------|
| | | | | |
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| | | | | |

We the above mentioned entities constituents have been trading and investing with you on the exchange, National Spot Exchange Limited.

For the purpose of operations with you, we agreed among ourselves to be treated collectively as a FAMILY of accounts.

In order to facilitate operations :

- We authorise you to accept and execute derivatives dealing orders placed by any of the aforesaid constituents for and on behalf of the other constituents in the Family.
- We hereby authorise you to set off the out standings (including interest on delayed payment) in any of the above mentioned accounts against credits available or arising in any of the above accounts irrespective of the fact that such credits in the accounts may pertain to transactions in any Exchange and/or may pertain against the value of margin provided to you by any Constituents (s) of the family.
- We are aware and have agreed and authorised the Member to charge interest on net debit balance of the FAMILY accounts, after appropriating the credit balance(s) in the FAMILY accounts. In case of NIL debit balance after settling off the credit balance against the debit balance, no interest shall be charged / payable by the Member.
- We authorise the Member to debit the above interest on the net debit balance of the FAMILY, to the account of _____, irrespective of this account having a credit balance, and not charge the interest proportionately to each account.
- We are aware and have agree that the above interest on net debit balance of the FAMILY shall be calculated on daily product basis and charged on monthly basis to the account of _____ for the purpose of calculating the margin requirements for granting the trading exposure limits.
- We are aware and agree that the interest on debit balances as calculated above shall become due and payable on 31st March every year or in the event of the termination of the member Client Agreement of any of the constituent of the FAMILY, whichever is earlier.
- We further authorise you to pay the net credit balance in the aforesaid FAMILY account to any constituent of the FAMILY on demand in writing, irrespective of the debit balance in such constituent's account held with you. We are aware that the payment of the said net credit balance shall be solely at your discretion.
- We agree to intimate you from time to time of any additions or deletions of Clients to the said FAMILY. We agree that any deletion shall effect only on completion of settlement and adjustments of balances in all accounts of the CLIENTS belonging to the FAMILY.

In order to facilitate operations, we authorise the MEMBER to maintain a running account instead of settlement to settlement clearance and no interest shall be payable by the MEMBER on the same.

We have affixed our signatures above consenting to the above mentioned terms of adjustments.

*Categories : Individual / Partnership / HUF / Proprietorship / Corporate / Trust / MF / FI / Bank / NBFC / Society / NRI / FII / OCB / Others (please specify)

Corporate / trusts consenting to be related as a family would require to attach a resolution in the enclosed format.

Consent to receive the contract note and trade confirmations by E-mail

Date : _____

To,
SHAUNAK SERVICES PVT. LTD.
No.15, Ground Floor,
#92 Kedia Arcade, Infantry Road,
Bangalore - 560 0016.

Dear Sirs,

I/We hereby consent to receive the contract note/trade confirmations of the trades executed by me/us, bills and account statements thereof, notices, circulars, amendments and such other correspondence or documents in electronic form duly authenticated by means of a digital signature as specified in the Information Technology Act 2000 and the rules made thereunder, to any of my below mentioned email ids:

I/We further hereby agree that the member shall fulfil the legal obligation, if the above documents are sent electronically to any one of the following e-mail ids. I/We agree that the member will not be responsible for non receipt of documents sent via electronic delivery due to change in email address/correspondence address as mentioned below or for any other reason which inter alia include my/our email/inbox running out of capacity, malfunction of my/our computer system/server/internet connection etc. I/We also agree that the member shall not take cognisance of out-of-office/out-of-station auto replies and I/We shall be deemed to have received such electronic mails.

| E-mail Id details (in case of more than one e-mail ids select the default id for receipt of contract notes and trade confirmations) | |
|---|----------------------------|
| E-mail Id 1 | <input type="checkbox"/> * |
| E-mail Id 2 | <input type="checkbox"/> * |

*tick the appropriate box to select the default option.

DECLARATION

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

| | |
|---------------|---------|
| Place : | |
| Signature : | Ⓢ _____ |
| Name : | |
| Client Code : | |
| Date : | |

Confirmation of Receipt of executed documents

Application No.: _____

Client Code: _____

With reference to my/our registration as a Client with you for National Spot Exchange Limited for the Commodities Segment, I/we hereby confirm that I/we have received a Welcome Kit consisting of a copy of the Know Your Client Form (KYC), Member Client Agreement (MCA) & all other executed documents.

Name of the Client: _____

Specimen Signature:  _____



Shaunak Services Pvt. Ltd.

Member: National Spot Exchange Limited
Membership Registration No.: 55350

INDIVIDUAL / NON INDIVIDUAL MEMBER CLIENT REGISTRATION KIT

NAME OF CLIENT : _____

CLIENT CODE : _____

NAME OF INTRODUCER : _____

ADMN. OFFICE : _____

Office: No.15, Ground Floor, #92 Kedia Arcade, Infantry Road, Bangalore - 560 001.
E-mail: helpdesk@sicstocks.com • Tel.: 080-2555 0689/90 • Fax: 080-2559 7034.
Website: www.sicstocks.com