

Letter for activation of Dormant trading account

Date: _____

From: _____

To: Achievers Commercial Private Limited

Address: _____

32/A Diamond Harbour Road

Sakherbazar, Kolkata 700 008

Mobile No.: _____

Client UCC: _____

Client ID: _____

Dear Sir,

My trading and BO account under the above client code has become dormant as I did not trade in my account for the last six months. You are requested to activate my trading account. My self-signed PAN card copy is attached for the purpose of identification.

- I confirm that there is no change in my address, Mobile number bank account number & email id*.

OR

- There are following changes in my KYC details which please note. Copies of documents in support of changes are attached

Client's Signature

	First /Sole Holder	Second Holder	Third Holder
Name			
Signature			

Counter signed by Sub broker/ Authorized Person/ branch head



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 section number and strike off the sections not required to be updated.

For office use only Application Type* New Update
 (To be filled by financial institution) 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"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<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 Categorised		

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*	<input type="checkbox"/> Residential / Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Unspecified
Proof of Address*	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> UID (Aadhaar)	<input type="text"/> please specify	
	<input type="checkbox"/> Voter Identity Card	<input type="checkbox"/> NREGA Job Card	<input type="checkbox"/> Others	<input type="text"/>	
	<input type="checkbox"/> Simplified Measures Account - Document Type code	<input type="text"/>			

Address

Line 1*

Line 2

Line 3 City / Town / Village*

District* Pin / Post Code* State / U.T Code* 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 City / Town / Village*
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 City / Town / Village*
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
Prefix First Name Middle Name Last Name
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.

[Signature / Thumb Impression]

Date : -- Place :

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies

KYC VERIFICATION CARRIED OUT BY

Date
Emp. Name
Emp. Code
Emp. Designation
Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name
Code

[Institution Stamp]

General Instructions:

- 1 Fields marked with '*' are mandatory fields.
- 2 Tick '✓' wherever applicable.
- 3 Self-Certification of documents is mandatory.
- 4 Please fill the form in English and in BLOCK Letters.
- 5 Please fill all dates in DD-MM-YYYY format.
- 6 Wherever state code and country code is to be furnished, the same should be the two-digit code as per Indian Motor Vehicle, 1988 and ISO 3166 country code respectively list of which is available at the end.
- 7 KYC number of applicant is mandatory for updation of KYC details.
- 8 For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.
- 9 In case of 'Small Account type' only personal details at section number 1 and 2, photograph, signature and self-certification required.

A Clarification / Guidelines on filling 'Personal Details' section

- 1 **Name:** Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.). The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- 2 Either **father's name or spouse's name** is to be mandatorily furnished. In case PAN is not available father's name is mandatory.

B Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India

- 1 **Tax identification Number (TIN):** TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number, and resident registration number)

C Clarification / Guidelines on filling 'Proof of Identity [PoI]' section

- 1 If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
- 2 Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.
- 3 In case of Simplified Measures Accounts for verifying the identity of the applicant, any one of the following documents can also be submitted and undernoted relevant code may be mentioned in point 3 (S).

Document Code	Description
01	Identity card with applicant's photograph issued by Central/ State Government Departments, Statutory/ Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, and Public Financial Institutions.
02	Letter issued by a gazetted officer, with a duly attested photograph of the person.

D Clarification / Guidelines on filling 'Proof of Address [PoA] - Current / Permanent / Overseas Address details' section

- 1 PoA to be submitted only if the submitted PoI does not have an address or address as per PoI is invalid or not in force.
- 2 State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- 3 In case of Simplified Measures Accounts for verifying the address of the applicant, any one of the following documents can also be submitted and undernoted relevant code may be mentioned in point 4.1.

Document Code	Description
01	Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill).
02	Property or Municipal Tax receipt.
03	Bank account or Post Office savings bank account statement.
04	Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.
05	Letter of allotment of accommodation from employer issued by State or Central Government departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies. Similarly, leave and license agreements with such employers allotting official accommodation.
06	Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India.

E Clarification / Guidelines on filling 'Proof of Address [PoA] - Correspondence / Local Address details' section

- 1 To be filled only in case the PoA is not the local address or address where the customer is currently residing. No separate PoA is required to be submitted.
- 2 In case of multiple correspondence / local addresses, Please fill '**Annexure A1**'

F Clarification / Guidelines on filling 'Contact details' section

- 1 Please mention two- digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
- 2 Do not add '0' in the beginning of Mobile number.

G Clarification / Guidelines on filling 'Related Person details' section

- 1 Provide KYC number of related person if available.

H Clarification / Guidelines on filling 'Related Person details – Proof of Identity [PoI] of Related Person' section

- 1 Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.

List of two – digit state / U.T codes as per Indian Motor Vehicle Act, 1988

State / U.T	Code	State / U.T	Code	State / U.T	Code
Andaman & Nicobar	AN	Himachal Pradesh	HP	Pondicherry	PY
Andhra Pradesh	AP	Jammu & Kashmir	JK	Punjab	PB
Arunachal Pradesh	AR	Jharkhand	JH	Rajasthan	RJ
Assam	AS	Karnataka	KA	Sikkim	SK
Bihar	BR	Kerala	KL	Tamil Nadu	TN
Chandigarh	CH	Lakshadweep	LD	Telangana	TS
Chattisgarh	CG	Madhya Pradesh	MP	Tripura	TR
Dadra and Nagar Haveli	DN	Maharashtra	MH	Uttar Pradesh	UP
Daman & Diu	DD	Manipur	MN	Uttarakhand	UA
Delhi	DL	Meghalaya	ML	West Bengal	WB
Goa	GA	Mizoram	MZ	Other	XX
Gujarat	GJ	Nagaland	NL		
Haryana	HR	Orissa	OR		

List of ISO 3166 two- digit Country Code

Country	Country Code	Country	Country Code	Country	Country Code	Country	Country Code
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Pierre and Miquelon	PM
Aland Islands	AX	Ecuador	EC	Liechtenstein	LI	Saint Vincent and the Grenadines	VC
Albania	AL	Egypt	EG	Lithuania	LT	Samoa	WS
Algeria	DZ	El Salvador	SV	Luxembourg	LU	San Marino	SM
American Samoa	AS	Equatorial Guinea	GQ	Macao	MO	Sao Tome and Principe	ST
Andorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic of	MK	Saudi Arabia	SA
Angola	AO	Estonia	EE	Madagascar	MG	Senegal	SN
Anguilla	AI	Ethiopia	ET	Malawi	MW	Serbia	RS
Antarctica	AQ	Falkland Islands (Malvinas)	FK	Malaysia	MY	Seychelles	SC
Antigua and Barbuda	AG	Faroe Islands	FO	Maldives	MV	Sierra Leone	SL
Argentina	AR	Fiji	FJ	Mali	ML	Singapore	SG
Armenia	AM	Finland	FI	Malta	MT	Sint Maarten (Dutch part)	SX
Aruba	AW	France	FR	Marshall Islands	MH	Slovakia	SK
Australia	AU	French Guiana	GF	Martinique	MQ	Slovenia	SI
Austria	AT	French Polynesia	PF	Mauritania	MR	Solomon Islands	SB
Azerbaijan	AZ	French Southern Territories	TF	Mauritius	MU	Somalia	SO
Bahamas	BS	Gabon	GA	Mayotte	YT	South Africa	ZA
Bahrain	BH	Gambia	GM	Mexico	MX	South Georgia and the South Sandwich Islands	GS
Bangladesh	BD	Georgia	GE	Micronesia, Federated States of	FM	South Sudan	SS
Barbados	BB	Germany	DE	Moldova, Republic of	MD	Spain	ES
Belarus	BY	Ghana	GH	Monaco	MC	Sri Lanka	LK
Belgium	BE	Gibraltar	GI	Mongolia	MN	Sudan	SD
Belize	BZ	Greece	GR	Montenegro	ME	Suriname	SR
Benin	BJ	Greenland	GL	Montserrat	MS	Svalbard and Jan Mayen	SJ
Bermuda	BM	Grenada	GD	Morocco	MA	Swaziland	SZ
Bhutan	BT	Guadeloupe	GP	Mozambique	MZ	Sweden	SE
Bolivia, Plurinational State of	BO	Guam	GU	Myanmar	MM	Switzerland	CH
Bonaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Namibia	NA	Syrian Arab Republic	SY
Bosnia and Herzegovina	BA	Guernsey	GG	Nauru	NR	Taiwan, Province of China	TW
Botswana	BW	Guinea	GN	Nepal	NP	Tajikistan	TJ
Bouvet Island	BV	Guinea-Bissau	GW	Netherlands	NL	Tanzania, United Republic of	TZ
Brazil	BR	Guyana	GY	New Caledonia	NC	Thailand	TH
British Indian Ocean Territory	IO	Haiti	HT	New Zealand	NZ	Timor-Leste	TL
Brunei Darussalam	BN	Heard Island and McDonald Islands	HM	Nicaragua	NI	Togo	TG
Bulgaria	BG	Holy See (Vatican City State)	VA	Niger	NE	Tokelau	TK
Burkina Faso	BF	Honduras	HN	Nigeria	NG	Tonga	TO
Burundi	BI	Hong Kong	HK	Niue	NU	Trinidad and Tobago	TT
Cabo Verde	CV	Hungary	HU	Norfolk Island	NF	Tunisia	TN
Cambodia	KH	Iceland	IS	Northern Mariana Islands	MP	Turkey	TR
Cameroon	CM	India	IN	Norway	NO	Turkmenistan	TM
Canada	CA	Indonesia	ID	Oman	OM	Turks and Caicos Islands	TC
Cayman Islands	KY	Iran, Islamic Republic of	IR	Pakistan	PK	Tuvalu	TV
Central African Republic	CF	Iraq	IQ	Palau	PW	Uganda	UG
Chad	TD	Ireland	IE	Palestine, State of	PS	Ukraine	UA
Chile	CL	Isle of Man	IM	Panama	PA	United Arab Emirates	AE
China	CN	Israel	IL	Papua New Guinea	PG	United Kingdom	GB
Christmas Island	CX	Italy	IT	Paraguay	PY	United States	US
Cocos (Keeling) Islands	CC	Jamaica	JM	Peru	PE	United States Minor Outlying Islands	UM
Colombia	CO	Japan	JP	Philippines	PH	Uruguay	UY
Comoros	KM	Jersey	JE	Pitcairn	PN	Uzbekistan	UZ
Congo	CG	Jordan	JO	Poland	PL	Vanuatu	VU
Congo, the Democratic Republic of the	CD	Kazakhstan	KZ	Portugal	PT	Venezuela, Bolivarian Republic of	VE
Cook Islands	CK	Kenya	KE	Puerto Rico	PR	Viet Nam	VN
Costa Rica	CR	Kiribati	KI	Qatar	QA	Virgin Islands, British	VG
Cote d'Ivoire	CI	Korea, Democratic People's Republic of	KP	Reunion	RE	Virgin Islands, U.S.	VI
Croatia	HR	Korea, Republic of	KR	Romania	RO	Wallis and Futuna	WF
Cuba	CU	Kuwait	KW	Russian Federation	RU	Western Sahara	EH
Curacao	CW	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE
Cyprus	CY	Lao People's Democratic Republic	LA	Saint Barthelemy	BL	Zambia	ZM
Czech Republic	CZ	Latvia	LV	Saint Helena, Ascension and Tristan da Cunha	SH	Zimbabwe	ZW
Denmark	DK	Lebanon	LB	Saint Kitts and Nevis	KN		
Djibouti	DJ	Lesotho	LS	Saint Lucia	LC		
Dominica	DM	Liberia	LR	Saint Martin (French part)	MF		



FINANCIAL & OCCUPATIONAL DETAILS UPDATION FORM

Date: _____

To
 Achievers Commercial Private Limited
 Compliance Department
 32/A, Diamond Harbour Road,
 Sakherbazar, Kolkata – 700008

Dear Sir/Madam,

I/We request you to update below mentioned Financial & Occupational Details in my/our Account with Achievers Commercial Private Limited,

Trading ID: _____

(Please tick whichever is applicable)

Additional Financial Details	
Financial Status (Annual Income)	< Rs. 1 Lakh Rs. 1 – 5 Lakh Rs. 5 – 10 Lakh Rs. 10 – 25 Lakh > Rs.25 Lakh
Occupation	Service Professional Self employed Student Housewife Retired Others (Specify): _____
If Service is selected, then please provide the nature of service undertaken: Central Govt. State Govt. Public/Private Sector NGO Statutory Body Others (Specify): _____	
If Business is selected, then please provide the nature of business undertaken Nature of Business (Products/services provided): _____	

Enclosed are the valid financial proof(s) in support of the financial status declared above.

Name: _____

Signature: _____

List of Valid Income Proof(s)

1. Copy of ITR Acknowledgement (For last financial year)
2. Copy of Annual Accounts (last financial year for individuals, last two financial years for non individuals)
3. Copy of Form 16 in case of salary income (for last financial year)
4. Net worth certificate (latest one or at the end of last financial year)
5. Salary Slip (for one month in current financial year)
6. Bank account statement (for last 6 months)
7. Copy of Demat account Holding statement (for the last/current financial year)
8. Any other relevant documents substantiating ownership of assets.



Confirmation Under The Foreign Account Tax Compliance Act (FATCA) For Determining Us Person Status

[Mandatory for all investors including Unit holder (Guardian in case of minor) and Joint holder(s)]

To,
ACHIEVERS COMMERCIAL PRIVATE LTD
 32/A, Diamond Harbour Road, Sakherbazar, Kolkata – 700008.

D	D	M	M	Y	Y	Y	Y

APPLICANT INFORMATION

Unique Client Code		Name	
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FATCA DECLARATION FOR INDIVIDUAL CLIENTS

Please provide a response common to all holders in the folio(s). For eg : If the answer to any one of the question for any one of the holder is "Yes", please tick on "Yes" against the question

FOR INDIVIDUAL INVESTORS (Individual / Nri / Huf / On Behalf Of Minor / Proprietorship Firm)

FATCA Compliance Confirmation Indicia	"Yes" or "No" please (✓)	
Are you a resident or Citizen of the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is US your place of birth?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a US telephone number in the capacity of a resident / citizen of US?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you hold any residence / mailing address / 'C/o address' / hold mail address / PO Box address in the US?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your POA holder based out of US or hold US residence / citizenship?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you pay tax in the US?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you hold an Identification Number or any identification that indicates US residence / citizenship?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

In case of individual client who is a resident or Citizen of the United States:

Spouse Name: _____

Nationality: _____ Place of Birth: _____

Tax Identification Number (TIN) allotted by Tax resident country: _____

TIN Issuing country: _____

Foreign Address: _____

DECLARATION & SIGNATURE(S) (To be signed as per mode of holding)

Client agrees to provide the trading member and/or depository participant with any documentation or information requested relating to individual or entity tax status. To the extent required by the trading member and/or depository participant, client hereby consents to the disclosure and reporting of any tax related information obtained or held by the trading member and/or depository participant to any local or foreign regulatory or tax authority ("Tax Authority"). Upon request by the trading member and/or depository participant, client hereby agrees to obtain a written waiver or consent from the entity's "substantial owners" or "controlling persons" and to provide those consents to the trading member and/or depository participant to permit it to disclose and report tax and account specific financial information to any local or foreign Tax authority. The terms "substantial owners" and "controlling persons" shall have the meaning as defined under local or foreign tax laws, regulatory guidance or inter governmental cooperation agreements. The potential consequences for failure to comply with requests for tax information, failure to respond to requests for waivers or consents for tax information disclosure, and/or failure to respond to requests to obtain waivers or consents from substantial owners or controlling persons, include, but are not limited to: (a) trading member and/or depository participant has the right to carry out actions which are necessary to comply with the local or foreign tax reporting obligations; (b) trading member and/or depository participant has the ability to withhold taxes that may be due from certain payments made to the client's account; (c) trading member and/or depository participant has the right to pay relevant taxes to the appropriate tax authority; (d) trading member and/or depository participant has the right to refuse to provide certain services; and (e) trading member and/or depository participant has the discretion to close client accounts. The client agrees to inform, or respond to any request from, the trading member and/or depository participant, if there are any changes to tax information previously provided.

Date: DD / MM / YYYY
 Place:

Signature of the account holder

Undertaking to keep open position within prescribed limits

To,
ACHIEVERS COMMERCIAL PRIVATE LTD
 32/A, Diamond Harbour Road, Sakherbazar, Kolkata – 700008.

D	D	M	M	Y	Y	Y	Y

Sub: Undertaking to keep my/our, directly or indirectly, open position of commodity forward contracts / commodity derivatives at Multi Commodity Exchange of India Limited (MCX) within prescribed limit

Dear Sir/ Madam,

I/We, the undersigned, have taken cognizance of circular no. MCX/338/2006 dated August 21, 2006 issued by the 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 I/we will not exceed the position limits prescribed from time to time by MCX or Forward Markets Commission (FMC) and such position limits 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 I/we or any of my/our partner/director/karta/trustee or any of the partnership firm/company/HUF/ Trust in which I/we 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 my/our position limit as prescribed by the above referred circular of MCX as modified from time to time.

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

I/We authorize you to liquidate my/our open position if I/we violate prescribed limits for net open position as prescribed by MCX/FMC from time to time.

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

Thanking You,
 Yours faithfully,

SIGNATURE OF CLIENT

Information to be provided by the client in relation to the PMLA, 2002

Name of the Client: _____ Client Code: _____

If business / Profession: Nature of Business : _____

Industry : _____

Details of my / our relatives, having account with ACPL				
Name	Relationship	UCC (Client Code)		
1.				
2.				
Details of the Corporate / Partnership Firm / Trust etc. Where I / We am / are affiliated				
Name	Entity Type	Nature of Business	Relationship	UCC (Client Code)
1.				
2.				

I/We agree to submit every year any one of following documents to ACPL:

1. Profit & Loss Account and Balance Sheet
2. Form No. 16 (Salary Certificate)
3. Self attested copy of Income Tax Return
4. Net Worth Certificate
5. Demat Transaction Statement & Bank Statement (for 6 months)

I/We confirm that I/We will immediately inform ACPL in case I/We am/are convicted under any grounds or any action is taken against me/us by any authority(ies).

- I/We hereby declare that I/We do not fall under the Clients of Special Category as defined in Prevention of Money Laundering Act, 2002, or
- I/We declare that I/We fall under Clients of Special Category as defined in Prevention of Money Laundering Act, 2002 (choose the relevant category as under):

- Nonresident Client
- High Net-worth Clients
- Politically Exposed Persons (PEP)
- Relative of Politically Exposed Person (RPEP)
- Companies offering foreign exchange offerings
- Non face to face client
- Clients with dubious reputation as per public information available etc.
- Companies having close family shareholdings or beneficial ownership
- Trusts, Charities, Non-Governmental Organizations (NGOs) and organizations receiving donations
- Clients in high risk countries where existence / effectiveness of money laundering controls is suspect etc.

I/We intend to invest in the stock market with:

Own Funds
 Borrowed Funds

(If Borrowed Funds, then please specify below Sources of Funds):

Sources of Borrowed Funds (if any)	Amount (Rs.)

I/We hereby declare that I/We am/are beneficial owner of the Trading/Online Account opened with ACPL

SIGNATURE OF CLIENT

For Office Use Only	RISK CATEGORY:	[] HIGH	[] MEDIUM	[] LOW
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Authority letter for running account

To,
ACHIEVERS COMMERCIAL PVT LIMITED
 32/A, Diamond Harbour Road, Sakherbazar, Kolkata – 700008.

D	D	M	M	Y	Y	Y	Y

Dear Sir/Madam,

I/We as a Client in Commodity Market Segment of MCX hereby authorize ACHIEVERS COMMERCIAL PRIVATE LTD (Member of MCX) for the following:

That to maintain a running account, instead of settlement to settlement clearance of funds/commodities due to me/us. In this regard, I/we have been informed about the relevant circular of Exchange/FMC and I/we have read and understood the same. I/We hereby authorize ACPL to maintain a running account in all segments across the exchange (MCX).

Such settlement will be done on any day at its discretion in a calendar month or quarter (hereinafter referred as "settlement period") as the case may be. If my/our account turns into debit on any day during the settlement period, the same may be treated as settlement of funds for that settlement period and ACPL will not be required to settle the credit if any arising subsequently during the settlement period. I/We agree that I/we shall be liable to pay the debit standing to my/our account on the settlement date or any other date.

I/We authorize you to withhold any credit balance as collateral/margin against my/our future trades/obligations and/or adjust outstanding fund/commodities receivable from you against my/our purchase in subsequent settlement with no interest accruing on the above fund/securities.

I/We authorize you to set off a part or whole of the margin deposited by me/us against any of my/our dues, by appropriating relevant amount of fund or by sale of commodities or by liquidating the open position which form part of margin.

I/We agree that fund given towards collaterals/margins in form of Bank Guarantee (BG)/Fixed Deposit Receipts (FDR) may not be periodically settled.

I/We agree that (a) in respect of derivatives market transactions, the Member may retain the requisite collaterals/securities/funds on settlement date to take care of any margin obligation arising in next 3 days, calculated in the manner specified by the exchange, (b) in respect of spot market transactions, the Member may retain entire pay-in obligations of funds & commodities due from me/us as on the date of settlement and for next day's business, Member may retain funds/commodities /margin to the extent of value of transactions executed on the day of such settlement.

All accounts with credit balances of Rs. 50000/- or lesser may be automatically retained and transfer of funds to the bank account may not be made as per FMC circular 1/2/2012-IR-I, FMC/4/2014/C/121 & FMC/2014/04/23 dated October 17, 2014. Based on subsequent clarifications in this regard, every client's account has to be settled once in every 180 Days.

That to keep my/our commodities purchased from you, in your margin account and to deliver and/or adjust said commodities against our sales in subsequent settlement i.e. inter transferring the commodities from one settlement (purchase) to another settlement (sales) in Spot and/or F&O Segments of Exchange unless you receive any verbal or written instruction from me/us to deliver the same to my/our Depository Account. Similarly, I/We authorize you to issue the cheque against my/our fund pay out after getting the telephonic or written instruction from me/us, otherwise the same will remain with you against my/our margin obligation towards Spot Market Segment and / or F&O Segment.

I/We confirm you that I/we 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/commodities or statement of account or statement related to it, as the case may be at your registered office. After that I/we shall have no right to dispute the transaction, funds and/or commodities ever and agree that you shall not be liable for any incidental loss/damage caused due to retention of funds and/or commodities.

I/We further declare that this authorization will remain in force unless revoked earlier by me/us in writing.

Thanking You,

Yours Faithfully,

SIGNATURE OF CLIENT

For Office Purpose Only

- 1. Application Form
- 2. Bank Statement
- 3. PAN Card
- 4. Other Documents
- 5. Address Proof

Documents Verified by

AP/Employee Code :
AP/Employee Name :
A/P Employee Signature :

Dormant UCC Activated by

Employee Code :
Employee Name :
Employee Signature :

Dormant UCC Approved by

Employee Code :
Employee Name :
Employee Signature :
Designation :

Verification Call Done On Date ____/____/20____ Time _____ Name & Signature _____