



Appl. No: \_\_\_\_\_



## CLIENT REGISTRATION FORM

please read this document carefully before agreeing to its contents and ensure all the details provided are correct

<b>Client name</b>	:	_____
<b>Client ID</b>	:	_____
<b>Introducer emp. name &amp; code</b>	:	_____
<b>Advisory emp. name &amp; code</b>	:	_____
<b>Branch / AP Code</b>	:	_____

**AMBALAL MULTI COMMODITIES PRIVATE LIMITED**

Plot No.2, Kewalchand Plaza, Brindavan Street, Ambalal Green City, Old Bye Pass Road,  
Vellore- 632 004. Tamilnadu, India. Ph: 0416-2227751 - 55 Fax: 0416-2215006.  
E-Mail: ambalal@ambalalshares.com Website: www.ambalalshares.com

TM MEMBER MCX No. 45965

SEBI REGN NO. INZ000038332

Dear Investors,

We thank you for choosing Ambalal Multi Commodities Pvt. Ltd for providing you services for your investment needs. We value your patronage and assure you that we will strive to assist you in the best possible manner for all your investment related needs.

We enclose herewith Know Your Client "KYC Form" for execution with the respective Stock Exchanges. Kindly note that these documents are prescribed by the Regulatory authorities and are in mutual interest. We also enclose the risk disclosure document for your understanding of risk when you invest in the Commodity Markets and an Annexure describing your rights and obligations. We urge you to go through these documents to enhance your investment experience.

We request you to provide us with your Email address so that your accounts and contract information can be sent to you electronically. We suggest that this booklet be returned with all necessary supporting documents together to ensure speedy processing. Requesting you to collect your Login ID and a Password from us to enable you to view / retrieve your records and investment information from our site [www.ambalalshares.com](http://www.ambalalshares.com).

We once again thank you.

With warm regards,

Yours faithfully,

for AMBALAL MULTI COMMODITIES PRIVATE LIMITED,



CHAIRMAN

**A copy of the any of the following to be submitted as Proof of Identity /Proof of Address.  
Documents submitted : (Please tick appropriate boxes)**

Document Collected from Applicant

Sr. No.	Documents Accepted (Copies to be certified as "verified with originals". In person verification also to be completed by AMCL Staff)	Proof of Identity	Proof of Address
1.	PAN card with Photo ( <b>Mandatory</b> )		
2.	Passport ( Name, Address and Photo side)		
3.	Voter Identification Card (front and back ) / Unique Identification Number (UID) Aadhar card		
4.	Driving License ( Name, address and Photo pages)		
5.	Ration Card		
6.	Bank Passbook / Statement Not more than 3 months old (With latest entry / date of statement with stamp ) Letter from Bank with Banker seal and sign.		
7.	Electricity Bill ( Not more than 3 months old)		
8.	Telephone Bill (Landline) ( Not more than 3 months old )		
9.	Lease and License Agreement / Agreement for Sale		
10.	Self-declaration by High Court & Supreme Court Judges, giving the new address in respect of their own accounts.		
11.	Identity Card / Document with address, issued by Central/ State Govt. & its dept. Statutory /Regulatory Authorities. Public Sector Undertakings, Scheduled Commercial Banks. Public Financial Institutions. Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWA, ICSI, Bar Council etc. to their members.		

**Details of POI (Proof of Identity), POA (Proof of Address) submitted:**

Applicant	Document Collected	Unique No of the Document	Place of Issue	Issue Date	Expiry Date
<b>Proof of Identity</b>					
<b>Proof of Address</b>					

For Branch / Authorised Person Use		For HO Use				
Application Scrutinised by Employee Name & No.			Application Scrutinised by	Signature Scanned by	Account Activated by	System data verified by
		Employee Name & No.				
Signature		Signature				

**Know Your Client (KYC)**

**Application Form (For Individuals Only)**



**AMBALAL SHARES & STOCKS PRIVATE LIMITED**  
 Depository Participant : CDSL

Application No. :

Plot No.2, Kewalchand Plaza, Brindavan Street, Ambalal Green City, Old Bye Pass Road,  
 Vellore- 632 004. Tamilnadu, India. Ph: 0416-2227751 - 55 Fax: 0416-2215006.  
 E-Mail: ambalal@ambalalshares.com Website: www.ambalalshares.com

Compliance officer : A.S. Rajasekaran Phone : 0416 - 2227751 - 55 Email : compliance@ambalalshares.com

**1. PERSONAL DETAILS** (Please refer instruction **A** at the end) Please fill in **ENGLISH** and in **BLOCK LETTERS**

	Prefix	First Name	Middle Name	Last Name
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 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\*  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  City / Town / Village\*

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

Tear Here

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

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  D D M M Y Y Y Y  
 C- PAN Card   
 D- Driving Licence  Driving Licence Expiry Date --  
 E- UID (Aadhaar)  D D M M Y Y Y Y  
 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 :

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received  Certified Copies

KYC VERIFICATION CARRIED OUT BY		INSTITUTION DETAILS	
Date	<input type="text"/> - <input type="text"/> - <input type="text"/>	Name	<input type="text"/>
Emp. Name	<input type="text"/>	Code	<input type="text"/>
Emp. Code	<input type="text"/>	<input type="text"/>	
Emp. Designation	<input type="text"/>		
Emp. Branch	<input type="text"/>		
<input type="text"/> [Employee Signature]		<input type="text"/> [Institution Stamp]	

## SET OF ACCOUNT OPENING DOCUMENT

### AMBALAL MULTI COMMODITIES PRIVATE LIMITED

Member : MULTI COMMODITY EXCHANGE OF INDIA LTD.

MCX NO. 45965 SEBI REGN NO. INZ000038332

Plot No.2, Kewalchand Plaza, Brindavan Street, Ambalal Green City, Old Bye Pass Road, Vellore- 632 004. Tamilnadu, India.

Ph : 0416 - 2227751 - 55. Fax : 0416 - 2215006

E-mail : ambalal@ambalalshares.com, igamcl@ambalalshares.com

Web site : www.ambalalshares.com

Compliance officer : A. S. Rajasekaran, Phone : 0416-2227751 - 55 Email : asr@ambalalshares.com

Managing Director : S.Gopal, Phone : 0416-2227751 - 55 Email : gopal@ambalalshares.com

#### INDEX

S. No.	Name of the Document	Brief Significance of the Document	Page No
<b>MANDATORY DOCUMENTS AS PRESCRIBED BY FMC &amp; EXCHANGES</b>			
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2	Tariff sheet	Document detailing the rate/amount of brokerage and other charges levied on the client for trading on the commodity exchange(s) / IPV & UCC Details	8
<b>VOLUNTARY DOCUMENTS AS PROVIDED BY THE MEMBER</b>			
1	ECN Declaration	Electronic Contract Note Declaration for receiving contract notes by mail.	9
2	Running account Authorisation	Required for maintaining clients account on a running account basis.	10
3	Authorisation for Electronic documents	Client consent letter for receiving the bills, ledgers, transaction statements & other documents by Email.	11
4	Mobile No. Declaration & Order Place Instructions	Declaration of Mobile number to receive SMS & Client Authorisation for executing the client orders received over phone/in person at the branch office	12
5	Pro account trading	Disclosure and noting of Member's pro account trading	13
6	Request letter for trading & Authorisation for Debiting Charges	Request letter for trading in commodity forward contracts/ commodity derivatives on exchange as client. Authorisation given to AMCL to debit DP related charges and Delay payment (Penalty) from clients trading account with AMCL	14

For any grievance / disputes please contact AMBALAL MULTI COMMODITIES PRIVATE LIMITED at the above address/ Email/Phone.

In case not satisfied with the response, please contact the concerned exchanges.

Multi Commodity Exchange of India Ltd. (MCX)

Ph : (022) 6731 8888 Fax : (022) 67318888

E-mail : grievance@mcxindia.com Website : www.mcxindia.com

**A. OTHER DETAILS**

PHOTOGRAPH

**AMBALAL MULTI COMMODITIES PRIVATE LIMITED**

Plot No.2, Kewalchand Plaza, Brindavan Street, Ambalal Green City, Old Bye Pass Road, Vellore- 632 004.

Ph : 0416 - 2227751 - 55. Fax : 0416 - 2215006

E-mail : ambalal@ambalalshares.com, igamcl@ambalalshares.com

Web site : www.ambalalshares.com

Please affix  
the recent passport  
size photograph and  
sign across it**FINANCIAL DETAILS**

<b>Gross Annual Income</b>	<input type="checkbox"/> < Rs.1 Lac	<input type="checkbox"/> Rs.1-5 Lac	<input type="checkbox"/> Rs.5-10 Lac	<input type="checkbox"/> Rs.10-25 Lac	<input type="checkbox"/> > Rs.25 Lac	Rs.Specify.....
<b>(OR) Networth as on (date) ..... (Rs. ....) (Net worth should not be older than 1 year)</b>						
<b>Portfolio</b>	Present Market Value of Portfolio as on date Rs.					

**OCCUPATION / EMPLOYMENT DETAILS**

<b>Occupation</b>	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Others (Specify.....)					
<b>Name of Employer/ Establishment</b>						
<b>Designation</b>					<b>Period of Service</b>	
<b>Address (Office)</b>						
<b>Contact Details</b>	Phone:			Fax:		
	Email:					
<b>Please Tick, as Applicable</b>	<input type="checkbox"/> Politically Exposed Person (PEP) / <input type="checkbox"/> Related to a Politically Exposed Person (PEP) <input type="checkbox"/> Non- Politically Exposed Person (PEP) / <input type="checkbox"/> Not Relative to a Politically Exposed Person (PEP)					

**B. BANK ACCOUNT(S) DETAILS** (Please attach separate sheet & proof if more than two Bank account has to be registered)

<b>Bank Name</b>		<b>Bank A/C Type</b>	Savings / Current / Others
<b>Bank A/C Number*</b>		<b>Date of Opening Bank A/C</b>	
<b>Bank Branch Address</b>			
<b>MICR</b>		<b>IFSC Code</b>	
<b>Bank Name</b>		<b>Bank A/C Type</b>	Savings / Current / Others
<b>Bank A/C Number</b>		<b>Date of Opening Bank A/C</b>	
<b>Bank Branch Address</b>			
<b>MICR</b>		<b>IFSC Code</b>	

\*Payment will be issued to the said Bank account by default unless &amp; otherwise specified

Note: Provide a copy of cancelled Cheque Leaf / Passbook / Bank Statement Specifying name of the client MICR Code or and IFSC Code of the Bank

**C. DEPOSITORY ACCOUNT(S) DETAILS, if available** (Attach Client Documentary Proof for each Beneficiary ID )

<b>Depository Participant Name (DP)</b>	<b>Depository (NSDL / CDSL)</b>	<b>BO Name</b>	<b>DP ID</b>	<b>Beneficiary ID (BO ID)</b>

<b>D. TRADING PREFERENCES</b>		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.	Multi Commodity Exchange of India Ltd. (MCX)		② ✓

<b>E. Investment /Trading Experience</b>	No Prior Experience _____	In Commodities _____ years
	In other Investment related field _____ years	

<b>F. SALES TAX REGISTRATION DETAILS</b>	<b>(As applicable, State wise)</b>
Local Sales Tax State Registration Number : _____ Validity Date : _____ Name of the state : _____	
Central Sales Tax Registration Number : _____ Validity Date : _____	
Other Sales Tax State Registration Number : _____ Validity Date : _____ Name of the state : _____	

<b>G. VAT DETAILS</b>	<b>(As applicable, State wise)</b>
Local VAT Registration Number : _____ Validity Date : _____ Name of the state : _____	
Other VAT Registration Number : _____ Validity Date : _____ Name of the state : _____	

<b>H. PAST REGULATORY ACTIONS</b>	
Details of any action/proceedings initiated/pending/ taken by FMC / SEBI / Stock exchange / Commodity exchange any other authority against the client dealing in commodities during the last 3 years :	<input type="checkbox"/> Yes <input type="checkbox"/> No



## I. DEALINGS THROUGH OTHER MEMBERS

If client is dealing through the 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 / Authorized Person (AP)'s Name	Exchange & Exchange's Registration No.	Concerned Member's Name With whom the AP is registered	Registered Office Address Phone / Fax / Email /Web Details	Client Code

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

--

## J. INTRODUCER DETAILS (Optional)

EXISTING ACCOUNT HOLDER  / AMCL EMPLOYEE  / AUTHORISED PERSON

Introducer's name		Code	
Advisory Name		Code	
Client ID			
Introducer's Signature			

## K. ADDITIONAL DETAILS

Whether you wish to receive communication from Member in electronic form on your Email-id :

Yes  No { If Yes then please fill in Appendix-A }

Whether you wish to avail of the facility of internet trading / wireless technology (Please specify) :

Internet trading facility :

Yes  No

Wireless technology facility:

Yes  No

Account Opening Charges

Collected  Not Collected

**L. NOMINATION DETAILS**

<input type="checkbox"/> I /WE WISH TO NOMINATE				<input type="checkbox"/> I /WE DO NOT WISH TO NOMINATE					
<b>Name of the Nominee</b>									
<b>Relationship with the Nominee</b>									
<b>PAN of Nominee</b>						<b>D.O.B. of Nominee</b>			
<b>Address &amp; Phone No. of the Nominee</b>									

<b>IF NOMINEE IS A MINOR DETAILS OF GUARDIAN</b>	
<b>Name of Guardian</b>	
<b>Address &amp; Phone No. of the Nominee</b>	
<b>Signature of the Guardian</b>	

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

Name :.....	Name :.....
Signature :.....	Signature :.....
Address :.....	Address :.....
Address :.....	Address :.....

**DECLARATION**

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

Place -----

Date -----



**Signature of Client**

**FOR OFFICE USE ONLY**

UCC Code allotted to the Client :

	Documents verified with Originals	Client Interviewed By	In-Person Verification done by
Name of the Employee			
Employee Code			
Designation of the employee			
Place			
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 and Do's and Don't'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 AMBALAL MULTI COMMODITIES PRIVATE LIMITED****Authorised Signatory****Seal/Stamp of the Member**

Date : .....

Place : .....

**TARIFF SHEET****1. Rates of Brokerage**

Brokerage details (to be filled in by the Branch Manager in agreement with the client)

Brokerage Rate	Percentage	Incl. Stat Cost	Minimum
First Leg		Yes / No	Rs.
Second Leg		Yes / No	Rs.

**2. Other Charges**

Transaction charges, Stamp duty, Service Tax and any other Statutory charges / levies as applicable.

Approved

4  
✓

✗

\_\_\_\_\_  
Branch Managers Signature

To,  
**AMBALAL MULTI COMMODITIES PVT. LTD.**  
Member : Multi Commodity Exchange of India Ltd. (MCX)  
Plot No.2, Kewalchand Plaza, Brindavan Street, Ambalal Green City, Old Bye Pass Road,  
Vellore- 632 004. Tamilnadu, India.

Dear Sir,

I/We, \_\_\_\_\_ a client with  
Member M/s AMBALAL MULTI COMMODITIES PVT. LTD., Of MCX undertake as follows.

- I/We am/are aware that the Member has to provide contract note in respect of all the trades placed by me unless I/We myself/ourself want the same in the electronic form.
- I/We am/are aware that the Member has to provide electronic contract note for my/our convenience on my/our request only.
- Though the Member is required to deliver physical contract note, I/We find that it is inconvenient for me/us to receive physical contract notes. Therefore I/We am/are voluntarily requesting for delivery of electronic contract note pertaining to all the trades carried out/ ordered by me/us.
- I/We have access to a computer and I/We am/are regular internet user, having sufficient knowledge of handling email operations.
- My/our email ID is \_\_\_\_\_.  
This has been created by me/us and not by someone else.
- I/We am/are aware that this declaration form should be in English or any other Indian language known to me/us.


I / We am / are aware that non-receipt of bounced mail notification by the member shall amount to delivery of the contract note at the above email ID

The above declaration and the guidance of ECN given in the annexure have been read and understood by me, I am aware of the risk involve in dispensing with the physical contract note and do hereby take full responsibility (Email ID must be written in own hand writing of the client)

Client Name : \_\_\_\_\_

Unique Client Code : \_\_\_\_\_ PAN : \_\_\_\_\_

Address : \_\_\_\_\_

Signature of the Client :  \_\_\_\_\_

Date : \_\_\_\_\_

Place : \_\_\_\_\_

Verification of the client signature done by

Name of the designated officer of the Member : \_\_\_\_\_

Signature :  \_\_\_\_\_

Date : \_\_\_\_\_

**Authority for Maintaining Running Account**

Date : \_\_\_\_\_

To

**AMBALAL MULTI COMMODITIES PVT. LTD.**

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

Plot No.2, Kewalchand Plaza, Brindavan Street, Ambalal Green City, Old Bye Pass Road,

Vellore- 632 004. Tamilnadu, India.

Dear Sir,

**Sub : Consent for Maintenance of Running Account**

In order to facilitate operations,

I/We hereby authorize you to maintain my/our accounts both in commodities and funds with you on a running account basis and consider the balance in said accounts for the purpose of margins or any other obligations due to you across any segment of any Commodity Exchange and also authorize you to hold my/our credit/commodities in anticipation of future debits in my/our account till my/our further instruction to release the same.

I/We further authorize you to set off/adjust any of my/our debit/ dues in any segment of any Commodity Exchange with credit of any other segment of any other Exchange in my/our account.

I am/ We are aware that the said authorization given to you is on one time basis and is valid till the same is revoked by me/us in writing at any point of time.

I/We desire actual settlement of funds and commodities at least once in a calendar quarter.

I/We, am/are under an obligation to bring any dispute arising from the statement of account or settlement to your notice within 7 working days from the date of receipt of funds /commodities or statement as the case may be.

Thanking You,

Yours faithfully,

6 ✓  
\_\_\_\_\_

## AUTHORIZATION FOR ELECTRONIC STATEMENTS

Date : \_\_\_\_\_

To

**AMBALAL MULTI COMMODITIES PVT. LTD.**

Member : Multi Commodity Exchange of India Ltd. (MCX)  
 Plot No.2, Kewalchand Plaza, Brindavan Street, Ambalal Green City, Old Bye Pass Road,  
 Vellore- 632 004. Tamilnadu, India.

**Sub: Letter of Authority / Mandate of Issuance of Statement in electronic form (Trading Account)**

Dear Sir / Madam,

In reference to my/ our dealing with you as your client, I/We confirm that I/We am/are desirous of receiving bills, ledgers, transaction statements, monthly / Quarterly demat statement of accounts / holding statement(s)/bills or other reports, statement(s), related notices, Circulars, amendments and such other time to time in electronic form, subject to the terms and conditions prescribed by FMC, the respective Commodity Exchanges and Ambalal Multi Commodities Private Limited.

I / We further hereby confirm that we wish to receive / continue to receive the statements on the following email address, which e-mail address has been generated by me / us.

E- Mail Account 1 :	
E-Mail Account 2 :	

I/We further hereby agree that AMCL shall fulfill the legal obligation, if the above statement(s) are sent electronically to any one of the above mentioned email account(s). I / We further agree that you shall be entitled to consider non-receipt of any delivery failure notification by you as confirmation of delivery of the contract note at my/our email address.

I / We understand and agree that any change in my/our e-mail address shall be communicated to AMCL by me/us through a physical letter addressed to AMCL or through secured access by way of client specific user id and password.

Thanking You,

Yours faithfully,

 \_\_\_\_\_

### Declaration for Mobile Number

**To.****AMBALAL MULTI COMMODITIES PVT LTD,**Plot No.2, Kewalchand Plaza, Brindavan Street, Ambalal Green City, Old Bye Pass Road,  
Vellore- 632 004. Tamilnadu, India.

Date : \_\_\_\_\_

Sir,

I/We have made application with requisite documents to open trading account for execution of trades on my/our behalf as per instruction given by me/us from time to time in Multi Commodity Exchange of India Ltd.(hereinafter called as "the Exchange(s)") as my/our broker.

I/We, do hereby declare that my/our mobile number is \_\_\_\_\_. Further, I/we authorize that the same may be used for giving me any information/alert/sms/calls. I/we will intimate any change in the mobile number mentioned herein above through a letter in writing to you.

I/We, do hereby declare and agree that:

1. the mobile phone number which belongs to me/us as provided above.
2. mobile communication shall be at the sole discretion of AMCL.
3. despite the fact that I/we may have registered for DND (Do Not Disturb) with respective Mobile Service Provider, AMCL is authorized to send SMS on the above mentioned mobile number and I/we confirms that AMCL will not be held liable for sending any information on SMS and also authorizes AMCL to submit such undertaking before the TRAI or such other regulator or service provider for allowing AMCL to send SMS despite DND Status of the Client Mobile Number.
4. AMCL may charge fees from time to time for providing this service.

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

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✓

\_\_\_\_\_

### ORDER PLACEMENT INSTRUCTIONS

To

**AMBALAL MULTI COMMODITIES PVT LTD,**Plot No.2, Kewalchand Plaza, Brindavan Street, Ambalal Green City, Old Bye Pass Road,  
Vellore- 632 004. Tamilnadu, India.

Dear Sir,

I am having a broking account under UCC No. \_\_\_\_\_ with you.

I/We understand that you require written instructions from me/us for placing/modifying/cancelling orders. However, since it is not practical for me / us to give written instructions for placing/modifying/cancelling order, I/We hereby request you to kindly accept my/our/mandate holder's verbal orders/instructions, in person or over phone and execute the same. I/we understand the risk associated with placement of verbal orders and accept the same. I/We shall not disown orders under the plea that the same was not placed by me/us. I/We indemnify AMCL and its employees and keep you and your employees indemnified against all losses, damages, actions which you may suffer or face, as a consequence of adhering to and carrying out my/our orders placed verbally.

Thanking you,

Date: \_\_\_\_\_

Yours faithfully

Place: \_\_\_\_\_

9  
✓

\_\_\_\_\_

## DISCLOSURE AND NOTING OF MEMBER'S PRO ACCOUNT TRADING

To

Dated \_\_\_\_\_

**AMBALAL MULTI COMMODITIES PVT LTD,**Plot No.2, Kewalchand Plaza, Brindavan Street, Ambalal Green City, Old Bye Pass Road,  
Vellore- 632 004. Tamilnadu, India.

Ref : Client code: \_\_\_\_\_

I/We confirm that I / We have made note that Ambalal Multi Commodities Pvt. Ltd. Trades in its OWN/ PRO account in Multi Commodity Exchange (MCX).

Thanking You,  
Yours faithfully

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✓  
\_\_\_\_\_

## TRADING IN COMMODITY FORWARD CONTRACTS / COMMODITY DERIVATIVES ON MCX

To

**AMBALAL MULTI COMMODITIES PVT LTD,**Plot No.2, Kewalchand Plaza, Brindavan Street, Ambalal Green City, Old Bye Pass Road,  
Vellore- 632 004. Tamilnadu, India.

Date: \_\_\_\_\_

Dear Sir,

**Subject: My request for trading in commodity forward contracts/ commodity derivatives on MCX as your client**

I/We the undersigned have taken cognizance of circular no.....dated .....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 exceed the position limits prescribed from time to time by MCX or forward Markets Commission 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 that if I/we take or hold any position in any commodity forward contract/commodity derivative on MCX through you or through any other member(s) of MCX, to enable you to restrict our position limit as prescribed by the above referred circular of MCX as modified from time to time.

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

Yours faithfully,

⑫

✓  
\_\_\_\_\_



Date : \_\_\_\_\_

**To****AMBALAL MULTI COMMODITIES PVT LTD,**Plot No.2, Kewalchand Plaza, Brindavan Street, Ambalal Green City, Old Bye Pass Road,  
Vellore- 632 004. Tamilnadu, India.

Dear Sir,

**Authorisation For Debiting Charges in my/our Trading Account**

I / We here by authorize to debit my/ our trading account No \_\_\_\_\_ held with you for all the  
Charges under the following heads :

1. Trading Account Opening Charges
2. DP Charges to \_\_\_\_\_
3. Delayed Payment Charges
4. Charges towards transfer of commodities

Thanking you,  
Yours faithfully

13  
✓

\_\_\_\_\_

## Acknowledgement

To

**AMBALAL MULTI COMMODITIES PVT LTD,**

Plot No.2, Kewalchand Plaza, Brindavan Street, Ambalal Green City, Old Bye Pass Road,  
Vellore- 632 004. Tamilnadu, India.

Sir,

I/We have read and understood AMCL policies and procedures and also accepted the terms and conditions mentioned in the KYC form.

I/We have received the below said documents copy


- \* Uniform Risk Disclosure Document (RDD)
- \* Rights and Obligations of Members, Authorized Persons and Clients
- \* Do's and Don'ts for the Investors

I/We hereby acknowledgment receipt of copy of duly executed KYC form with supporting documents bearing trading code no. \_\_\_\_\_.

Yours faithfully,

Client's Signature(s):

Date: \_\_\_\_\_

 \_\_\_\_\_

Place: \_\_\_\_\_



# WE SHAPE YOUR INVESTMENTS

Corp. office: #2, Kewalchand Plaza, Brindavan Street, Ambalal Green City, Vellore – 632004

Tel- 0416-2227751-55 | Fax : 0416-2215006.

E mail- [invest@ambalalshares.com](mailto:invest@ambalalshares.com) | [www.ambalalshares.com](http://www.ambalalshares.com)

**TM MEMBER MCX (No.45965)**

**SEBI REGN NO. INZ000038332**

Investor grievance email id : [igamcl@ambalalshares.com](mailto:igamcl@ambalalshares.com)