

**ACCOUNT OPENING FORM FOR COMMODITY ACCOUNT**

|           |  |
|-----------|--|
| CLIENT ID |  |
|-----------|--|

**FOR INDIVIDUALS**

|                            |  |       |   |   |   |   |   |   |   |   |
|----------------------------|--|-------|---|---|---|---|---|---|---|---|
| APPLICATION NO.*           |  | DATE* | D | D | M | M | Y | Y | Y | Y |
| RP INTERNAL REFERENCE NO.* |  |       |   |   |   |   |   |   |   |   |

(To be filled by the applicant in **BLOCK LETTERS** in English)  
I request you to open a Commodity Repository account in my name as per following details:-

**HOLDER DETAILS**

|              |                                 |                                 |                 |                                 |                                  |  |  |  |  |  |  |
|--------------|---------------------------------|---------------------------------|-----------------|---------------------------------|----------------------------------|--|--|--|--|--|--|
| NAME*        |                                 |                                 |                 |                                 |                                  |  |  |  |  |  |  |
| GENDER*      | <input type="checkbox"/> Male   | <input type="checkbox"/> Female | MARITAL STATUS* | <input type="checkbox"/> Single | <input type="checkbox"/> Married |  |  |  |  |  |  |
| NATIONALITY* | <input type="checkbox"/> Indian | <input type="checkbox"/> Others |                 |                                 |                                  |  |  |  |  |  |  |

|                    |  |  |  |  |           |  |  |  |  |           |  |
|--------------------|--|--|--|--|-----------|--|--|--|--|-----------|--|
| PERMANENT ADDRESS* |  |  |  |  |           |  |  |  |  |           |  |
|                    |  |  |  |  |           |  |  |  |  |           |  |
|                    |  |  |  |  |           |  |  |  |  |           |  |
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|                    |  |  |  |  |           |  |  |  |  |           |  |
|                    |  |  |  |  |           |  |  |  |  |           |  |
| CITY*              |  |  |  |  | DISTRICT* |  |  |  |  | PIN CODE* |  |
| STATE*             |  |  |  |  | COUNTRY*  |  |  |  |  | CENSUS*   |  |

|         |  |              |  |  |  |  |  |  |  |  |              |   |   |   |   |   |   |   |   |  |  |
|---------|--|--------------|--|--|--|--|--|--|--|--|--------------|---|---|---|---|---|---|---|---|--|--|
| STD1*   |  | TEL NO. 1*   |  |  |  |  |  |  |  |  | AADHAR No. * |   |   |   |   |   |   |   |   |  |  |
| STD2    |  | TEL NO. 2    |  |  |  |  |  |  |  |  | PAN*         |   |   |   |   |   |   |   |   |  |  |
| ISD1*   |  | MOBILE No 1* |  |  |  |  |  |  |  |  | DOB*         | D | D | M | M | Y | Y | Y | Y |  |  |
| ISD2    |  | MOBILE No 2  |  |  |  |  |  |  |  |  |              |   |   |   |   |   |   |   |   |  |  |
| FAX No. |  |              |  |  |  |  |  |  |  |  |              |   |   |   |   |   |   |   |   |  |  |

|              |  |  |  |  |  |  |  |  |  |  |
|--------------|--|--|--|--|--|--|--|--|--|--|
| EMAIL ID 1*: |  |  |  |  |  |  |  |  |  |  |
| EMAIL ID 2:  |  |  |  |  |  |  |  |  |  |  |
| EMAIL ID 3:  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |           |  |  |  |  |           |  |
|--|--|--|--|--|-----------|--|--|--|--|-----------|--|
| <input type="checkbox"/> SAME AS PERMANENT ADDRESS |  |  |  |  |           |  |  |  |  |           |  |
| CORRESPONDENCE ADDRESS *                           |  |  |  |  |           |  |  |  |  |           |  |
|  |  |  |  |  |           |  |  |  |  |           |  |
|  |  |  |  |  |           |  |  |  |  |           |  |
|  |  |  |  |  |           |  |  |  |  |           |  |
|  |  |  |  |  |           |  |  |  |  |           |  |
| CITY*  |  |  |  |  | DISTRICT* |  |  |  |  | PIN CODE* |  |
| STATE*   |  |  |  |  | COUNTRY*  |  |  |  |  | CENSUS*   |  |

|         |  |              |  |  |  |  |  |  |  |  |              |   |   |   |   |   |   |   |   |  |  |
|---------|--|--------------|--|--|--|--|--|--|--|--|--------------|---|---|---|---|---|---|---|---|--|--|
| STD1*   |  | TEL NO. 1*   |  |  |  |  |  |  |  |  | AADHAR No. * |   |   |   |   |   |   |   |   |  |  |
| STD2    |  | TEL NO. 2    |  |  |  |  |  |  |  |  | PAN *        |   |   |   |   |   |   |   |   |  |  |
| ISD1*   |  | MOBILE No 1* |  |  |  |  |  |  |  |  | DOB*         | D | D | M | M | Y | Y | Y | Y |  |  |
| ISD2    |  | MOBILE No 2  |  |  |  |  |  |  |  |  |              |   |   |   |   |   |   |   |   |  |  |
| FAX No. |  |              |  |  |  |  |  |  |  |  |              |   |   |   |   |   |   |   |   |  |  |

|              |  |  |  |  |  |  |  |  |  |  |
|--------------|--|--|--|--|--|--|--|--|--|--|
| EMAIL ID 1*: |  |  |  |  |  |  |  |  |  |  |
| EMAIL ID 2:  |  |  |  |  |  |  |  |  |  |  |
| EMAIL ID 3:  |  |  |  |  |  |  |  |  |  |  |

**Disclaimer:**  
Any change to be informed to Repository Participant within 7 days

|   |  |
|---|--|
| I instruct the RP to receive each and every credit in my account.<br>(If not marked, the default option would be 'Yes')   | [Automatic Credit]<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |
| I would like to instruct the RP to accept all the pledge instructions in my account without any other further instruction from my end.<br>(If not marked, the default option would be 'No') | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Account Statement Requirement*<br>(If not marked, the default option would be 'Electronic' and statement frequency would be 'Quarterly')  | Statement Type: <input type="checkbox"/> Physical <input type="checkbox"/> Electronic<br>Statement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annually |
| I request you to send electronic transaction-cum-holding statement at the email id provided above   |  |

PROOF OF IDENTITY TO BE PROVIDED BY APPLICANT. PLEASE SUBMIT ANY ONE OF THE FOLLOWING DOCUMENTS & TICK (✓) AGAINST THE DOCUMENT ATTACHED.  PAN  AADHAR  PASSPORT  VOTER ID  DRIVING LICENCE

PROOF OF ADDRESS TO BE PROVIDED BY APPLICANT. PLEASE SUBMIT ANY ONE OF THE FOLLOWING DOCUMENTS & TICK (✓) AGAINST THE DOCUMENT ATTACHED.  
 PASSPORT  RATION CARD  REGISTERED LEASED/SALE AGREEMENT OF RESIDENCE  DRIVING LICENCE  VOTER ID  
 \*LATEST BANK ACCOUNT STATEMENT / PASSBOOK  \*LATEST TELEPHONE BILL (ONLY LAND LINE)  \*LATEST ELECTRICITY BILL  
 \*LATEST GASS BILL  \*OTHER (Please specify) \_\_\_\_\_  
 \* Not more than 3 Months old.

=====

**BANK DETAILS:**

|                                 |  |  |                                 |       |  |                                  |  |          |                                    |  |  |
|---------------------------------|--|--|---------------------------------|-------|--|----------------------------------|--|----------|------------------------------------|--|--|
| BANK CODE * (9 DIGIT MICR CODE) |  |  |                                 |       |  |                                  |  |          |                                    |  |  |
| IFS CODE * (11 CHARACTERS)      |  |  |                                 |       |  |                                  |  |          |                                    |  |  |
| ACCOUNT NUMBER*                 |  |  |                                 |       |  |                                  |  |          |                                    |  |  |
| ACCOUNT TYPE*                   |  |  | <input type="checkbox"/> Saving |       |  | <input type="checkbox"/> Current |  |          | <input type="checkbox"/> Overdraft |  |  |
| BANK NAME*                      |  |  |                                 |       |  |                                  |  |          |                                    |  |  |
| BRANCH NAME                     |  |  |                                 |       |  |                                  |  |          |                                    |  |  |
| BANK BRANCH ADDRESS             |  |  |                                 |       |  |                                  |  |          |                                    |  |  |
| CITY                            |  |  |                                 | STATE |  |                                  |  | PIN CODE |                                    |  |  |

**OTHER DETAILS**

|                              |  |
|------------------------------|--|
| Gross Annual Income Details* | <b>Income Range per annum:</b><br><input type="checkbox"/> Up to Rs.1,00,000 <input type="checkbox"/> Rs 1,00,000 to Rs 5,00,000 <input type="checkbox"/> Rs 5,00,000 to 10,00,000<br><input type="checkbox"/> Rs 10,00,000 to Rs 25,00,000 <input type="checkbox"/> Rs 25,00,000 Rs 10,000,000 <input type="checkbox"/> More than Rs 10,000,000             |
| Occupation                   | <input type="checkbox"/> Private / Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculture<br><input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (Specify) _____ |
| Please tick, if applicable:  | <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (RPEP)  |
| Any other information:       |  |

| Details of Authorized Representative for Deposit / Withdrawal*  |            |
|---|------------|
| Authorized Representative Name (Optional)   | Aadhar No. |
|   |            |
|   |            |
|   |            |
|   |            |
| Or - Anyone else <input type="checkbox"/> (To mark if opted to keep any other person not specified above) |            |
| (If anyone else is not marked and specific person/s field is blank, the default option would be 'self')   |            |

**DECLARATION**

I have received and read the Rights and Obligations document and terms & conditions and agree to abide by and be bound by the same and by the Bye Laws of CCRL as are in force from time to time. I declare that the particulars given by me above are true and to the best of my knowledge as on the date of making this application. I agree and undertake to intimate the RP any change(s) in the details / Particulars mentioned by me in this form. I further agree that any false / misleading information given by me or suppression of any material information will render my account liable for termination and suitable action.

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

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

|            |  |   |
|------------|--|---|
| Name*      |  | <div style="border: 1px dashed gray; padding: 10px;"> Please affix recent passport size photograph and sign across it* </div> |
| Signature* |  |   |

(Signatures should be preferably in blue ink).

===== (Please Tear Here) =====

**Acknowledgement Receipt**

Application No.: \_\_\_\_\_

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

We hereby acknowledge the receipt of the Account Opening Application Form:

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

**Repository Participant Seal and Signature**

## INSTRUCTIONS / CHECK LIST FOR FILLING KYC FORM

### A. IMPORTANT POINTS:

1. Self attested copy of AADHAR cards is mandatory for all individual clients.
2. Copies of all the documents submitted by the applicant should be self – attested and accompanied by originals for verifications. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the below mentioned list.
3. If any proof of identity or address is in a foreign language, then translation into English is required.
4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
5. If correspondence & permanent address are different, then proofs for both have to be submitted.
6. Sole proprietor must make the application in his individual name & capacity.
7. Non –resident and foreign nationals, (Not allowed to open Repository account as per WDRA guideline).  
In case of Merchant Navy NRI'S Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
8. Minor, (Not allowed to open Repository account as per WDRA guideline).
9. Politically Exposed Person (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country ,e.g. Heads of States or of Governments , Seniors politicians, Senior Government /Judicial/Military officers, senior executives of the state owned corporations, important political party officials etc.

### B. PROOF OF IDENTITY (POI): List of documents admissible as proof of identity:

1. PAN card with photograph .This is a mandatory requirement for all applicants except those who are specifically exempt from obtaining PAN (listed in Section D).
2. Unique identification Number (UID) (Aadhar)/Passport/Voter ID card/Driving license.
3. Identity card/documents with applicant's photo, issued by any of the following: Central/State Government and its department , Statutory /Regulatory Authorities, Public sector undertakings, Scheduled commercial bank, Public Financial institutions, College affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, bar council etc ., to their members and credit cards/Debits cards issued by Banks.

### C. PROOF OF ADDRESS (POA): List of documents admissible as proof of address: (\*Documents having an expiry date should be valid on the date of submission.)

1. Passport/Voters Identity Card/Ration Card /registered lease or sale agreement of residence /Driving License/Flat maintenance bill/Insurance copy

2. Utility bills like Telephone Bill (Only land line), Electricity bill or Gas Bill –Not more than 3 months old.
3. Bank Account Statement /passbook –Not more than 3 months old.
4. Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts.
5. Proof of address issued by any of the following Bank managers of Scheduled Commercial Banks/Scheduled Co operative Bank/Multinational Foreign Banks/Gazetted Office/Notary public/Elected representative to the Legislative assembly/Parliament/Documents issued by Govt. or Statutory Authority.
6. Identity Card/documents with address, issued by any of the following: Central/State government and its departments, Statutory /Regulatory Authorities Public sector undertakings, Scheduled Commercial Banks, Public Financial Institutions, and Colleges affiliated to universities and Professional Bodies such as ICAI, ICWAI, ICSI Bar council etc. to their members.
7. The proof of address in the name of the Spouse may be accepted.

### D. EXEMPTIONS/CLARIFICATIONS TO PAN

- (\*Sufficient documentary evidence in support of such claims to be collected.)
1. In case of transactions undertaken on behalf of central Government and/or State Government by Officials appointed by Courts e.g. Official liquidator, Court receiver etc.
  2. Investors residing in the state of Sikkim.
  3. UN entities /multilateral agencies exempt from paying taxes/filing tax returns in India.
  4. SIP of Mutual Funds up to Rs 50,000/-p.a.
  5. In case of institutional clients, namely, FIIs, MFs, VCFs, FVCIs, Scheduled commercial Banks, Multilateral and Bilateral development financial institutions, state industrial development corporations, insurance companies registered with IRDA and public Financial Institutions as defined under section 4A of the companied Act, 1956. Custodians shall verify the pan card details with the original PAN card and provide duly certified copies of such verified PAN details to the intermediary.

### E. LIST OF PEOPLE AUTHORIZED TO ATTEST THE DOCUMENTS:

1. Notary Public, Gazetted Officer, Manager of a Scheduled Commercial /Co –operative Bank or Multinational Foreign Banks (Name, Designation & Seal Should be fixed on the copy).
2. In case of NRI'S authorized officials of overseas branches of a Scheduled Commercial Banks registered in Indian, notary Public, Court MAGISTARTTE, Judge, Indian Embassy/Consulate general in the country where the client resides are permitted to attest the documents.

Please submit the KYC documents on A4 Size Paper Only.