

KUNVARJI FINSTOCK PVT. LTD.

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

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

MCX Member Code: 12575 SEBI REGISTRATION NUMBER: INZ000180436



Client **Registration** Form - COMRIS

**KUNVARJI
FINSTOCK
PVT. LTD**



Individual

Name:

Code:

Branch/RM/AP Name :

AP Name:

Group Code :

Form No.: _____

CEO Details: Mr. Kunal Shah | Phone: +91 79 66669000 | Email: kunal.shah@kunvarji.com

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

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

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

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Email ID									
Specify the proof of address for Correspondence Address									
Permanent Address (if different)									
									Pin

City	
State	
Country	

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

Email id

Specify the proof of address (For Permanent Address)									

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

> 1 Lac 1-5 Lac 5-10 Lac 10-25 Lac < 25 Lac

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

D. OCCUPATION (Please ticks any one and give brief details)

Private sector Public Sector Government Services Business

Professional Farmer Others (Pls Specify)

Please tick, as applicable

Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)

Not a Politically Exposed Person (PEP) Not Related to a Politically Exposed Person (PEP)

If you have a landline connection, kindly provide the same

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

K. PAST REGULATORY ACTIONS

Details of any action/proceedings initiated/pending/ taken by Regulatory / StockExchange / any other authority against the applicant during the last 3 years

L. DEALINGS THROUGH OTHER MEMBERS

(If applicant is dealing through any other 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 Name																										

Exchange																										
SEBI Registered Number																										

Regd. office address																										

City																										
State																										
Country																										

Phone No.																Fax															
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Email																											
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Website																											
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Client Code																											
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Details of disputes/dues pending to such Member																											

M. INTRODUCER DETAILS (optional)

Name of Introducer																											
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Authorized Person Existing Clients No Prior Experience

Others (Plz Specify)

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If Nominee is a minor, details of guardian:

Name of Guardian																									

Address																									
																									Pin

City																										
State																										
Country																										

Phone No.											
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Signature of Guardian

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

Name	Witness 1													Witness 2												
Address																										
Signature																										

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DECLARATION

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 change 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.

Details											Signature of Applicant														
Place																									
Date																									

PLEASE TEAR HERE

FOR OFFICE USE ONLY

UCC Code allotted to the Applicant

Documents verified with Originals

Name of the Employee

Emp. Code.

Designation

Date

Signature

Date

Signature

Comris Participants Seal

INSTRUCTIONS / CHECK LIST FOR FILLING KYC FORM

A. IMPORTANT POINTS:

1. Self-attested copy of PAN card is mandatory for all clients.
2. Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the below mentioned list.
3. If any proof of identity or address is in a foreign language, then translation into English is required.
4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
5. If correspondence & permanent address are different, then proofs for both have to be submitted.
6. Sole proprietor must make the application in his individual name & capacity.

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

1. PAN card with photograph. This is a mandatory requirement for all applicants except those who are specifically exempt from obtaining PAN
2. Unique Identification Number (UID) (Aadhaar)/ Passport /Voter ID card/Driving license.
3. Identity card/ document with applicant's Photo, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members; and Credit cards/Debit 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. Utility bill like Telephone bill (only landline, electricity bill or gas bill- not more than 3 months old)
2. Bank account statement/ passbook - of more than 3 months old
3. Proof of Address issued by any of the following; bank managers of schedule commercial banks/ schedule cooperative bank/ multinational foreign bank

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Nomination Form

ONLY FOR Existing Individual Comris Account Holders



Date

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Comris Participant Name																			

Address																			
	Pin																		

Dear Sir/ Madam,

I/We the sole holder Guardian (in case of minor) hereby declare that:

We do not wish to nominate any one for this account.

We nominate the following person, who is entitled to receive commodity balances lying in my /our account, in the event of the death of the Sole holder.

[Strike out what is not applicable.]

[Signatures of all account holders should be obtained on this form].

RP / CP ID

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Client ID

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Name of First / Sole Holder																				

Name of Second Holder																				

Name of Third Holder																				

Nominee details:

First Name																				
Middle Name																				
Last Name																				

Address																				

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	PIN
--	-----

City

State

Country

Telephone No.

Mobile No.

Fax No.

Email ID

Relationship with BO (If any)

Signature of Nominee

Date of Birth

As the nominee is a minor as on date, I/We appoint following person to act as Guardian:

First Name

Middle Name

Last Name

Address	
	PIN

City	
State	
Country	

Telephone No.

Mobile No.

Fax No.

Email ID

Relationship with BO (If any)

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To receive the commodities in this account on behalf of the nominee in the event of the death of the Sole holder / all Joint holders.

<p>Photograph</p> <p>Please affix your recent passport size photograph and sign across it</p>

<p>Signature of Nominee</p>

This nomination is in accordance with the section 109 A of the Companies Act, 1956, and shall supersede any prior nomination made by me / us and also any testamentary document executed by me / us.

Place

 Date

Name	First Authorized Signatory										Second Authorized Signatory										Third Authorized Signatory									

Specimen Signature			
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Note: Two witnesses shall attest signature(s) / Thumb impression(s).

Details of the Witness:

Name	Witness 1										Witness 2									
Address																				
Signature																				

(To be filled by RP)

Nomination Form accepted and registered wide Registration No

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TARIFF SHEET

FOR TRANSACTIONS IN BASE METALS ONLY

Effective from 01.04.2021

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

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

Terms & Conditions:

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

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

Name of the Client: _____

Client Trading Code: _____

Comris Account No: _____

Signature of the Client/ Comris account holder

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

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MOBILE NO. / EMAIL ID DECLARATION

The mobile no. mentioned in this KYC/KRA form belongs to myself# / my family member# _____ who is my (Relationship with client*)

The Email id mentioned in this KYC/KRA form belongs to myself# / family member# _____

Who is my _____ (Relationship with Client*)

***Only the mobile no. / email id of your spouse, dependent children and dependent parents can be registered in your account.**

#Strikeout whichever is not applicable.