

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



ndividual	Form No.:	
Name:		
Code:		
Branch/RM/AP Name:		
AP Name:		
Group Code:		

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-<u>info@kunvarji.com</u> 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





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

Know your Client (KYC) Application Form (For Individuals Only)

Photograph

Please affix your recent passport size photograph and sign

Plea	se fil	l this	form i	n EN	GLISH	l and	in Bl	оск	LETT	ERS.					Α.	I	DEN	NTI	TY	' DE	TA	IL:	S													
Co	mri	s Par	ticipa	ant N	lame	,																														
		1												<u> </u>	<u> </u>																<u> </u>					
Ac	ldre	ss																																		
																											ı	Pin								
										1		1									1	1									1					1
Na	Name of the Applicant Father's/ Spouse Name Marital Status Status																																			
	Father's/ Spouse Name Gander Marital Status Status																																			
Fath	Gander Marital Status Status																																			
Gan																																				
	Gander Marital Status Status																																			
Birtl	Male Female Single Married Resident																																			
	Male Female Single Married Resident																																			
AN	Birth Date Nationality															1																				
-111	Identification Number (UID)/ Aadhaar															_																				
A	Any other additional proof of identity															1																				
	,								, r								1		1		-		- 1		J	- 1	ı						1		1	J
					B.	Αľ	DDF	RES	SS I	DET	ΓΑΙ	LS	(Pr	oof	of a	ddr	ess	mu	st b	oe di	iffer	ent	fro	m t	he p	oroc	of of	ide	entit	ty sı	ubm	itte	d).			
							1	1		1				ı				ı			-		ı		ı						ı				1	
		A	ddre	ss	1	1																														
		\perp		1																																
	+	\perp				-																														
						-																														
City						-															State															
Pin						1			1	<u> </u>								<u> </u>		Co	ountr	У								<u> </u>	<u> </u>					
elepho	ne ((Off)																	Tel	epho	ne (Resi	.)													
Mob	ile N	lumb	er																			Fa	ax													





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

CALIVIC		JC: (-00	ю.		,, ,	, ,,		.,_,	3.5.	, .			• • •	*			,	<i>-</i>																				
Email ID Specify the proof of address for Correspondence Address																																							
Sp	eci	fy the	pro	of c	f ad	dre	ss fo	r Co	orres	pond	ence	Ado	dress																	•			T	Τ					Ī
																																							Ī
Pe	rm	anent	Add	ires	s (if	diff	eren	it)											- 1															Ť	T	T			
																																		L	╧				
																													P	in				L	L	\perp			
City																																			Т	Τ		1	
Stat																																			+	1			
Cou	ntry	,																																					
							ſ		1 1			1	1		1																		$\overline{}$			_		1	
Tel. (Off.) Mobile No. Tel. (Res.) Fax																	\dashv		<u> </u>	+		-																	
F																																							
Email id																7																							
Email id Specify the proof of address (For Permanent Address)																<u> </u>																							
																\top																							
																																	\neg		+-	+			
																																			上				
				C.	0	ГΗ	ER	DE	ETA	ILS	G (G	ros	s Ar	nua	al Ir	ıco	me	De	tails	s (P	lease	e Sp	oeci	fy)	(In	con	ne F	Ran	ge	per	· an	nur	n)						
											`									`		•		,,						•									
		>	1 La	ac						1	-5 L	ac		1				5-1	0 La	ac					10)-25	La	c []				< 25	5 La	ac			
																									D	ate							\neg	\neg		Τ		1	
Net-w	ort	h as c	n			L			(Net	wor	h sh	ould	not	be o	older	tha	an 1	yea	r)										L						<u> </u>			_	
									_	_																		_											
									D.	0	CCI	JP/	ATI	ON	I (P	lea	se t	ick	s ar	ny o	ne a	nd	give	e br	ief	det	ails)											
┌ .										٦.	1. 19		- 4							ſ		6								Г	\neg	D		_					
Ш'	riv	ate s	ecto	r					<u> </u>	^	ubli	c Se	ctor							L		Go	vern	ımeı	nt S	ervi	ces			L		Bus	iness	3					
	rof	essic	nal							F	arm	er										Oth	ers	(Pls	Spe	ecify	/)												
Please 1	ick	. as a	aae	lica	ble																																		
															\vdash	7									_			_			_		/==			_	7		
Political	iy E	xpos	ed	Per	son	(PE	P)								L	_						Rela	atec	to to	a Po	olíti	call	y E>	(pos	ed	Per	son	(PEI	P)			_		
Not a Po	oliti	cally	Exp	ose	ed P	ers	on (PEI	P)													Not	Rel	late	d to	a F	olit	ical	ly E	хрс	sec	l Pe	rson	(PE	ΞΡ)				
f you ha	ave	a lar	ndlii	ne d	onr	nect	ion	, kiı	ndlv	pro	vide	the	san	ne																						T			

GST No.

Name of the State



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

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

MCX Member Code: 12575 SEBI REGISTRATION NUMBER: INZ000180436

F	RANK	ACCOUNT	DETAILS	if available
_	DAIL	ACCOUNT	DE I ALLS	, ii avaliable

Note: Provide a copy of either Demat Master or a recent holding statement issued by DP bearing name of the applicant G. REPOSITORY ACCOUNT(S) DETAILS, if available Repository Participant Repository Name (CCRL/NERL) Note: Provide a copy of either Remat Master or a recent holding statement issued by RP bearing name of the applicant. H. TRADING PREFERENCES (Note: Please sign in the relevant boxes against the Exchange with which you wish to trade. The Exchange not chosen should be struck off by the strading application of the stock exchange to the structure of the stock of the strading application of the structure of printing the form, the Member must specify the names of the Exchanges where the Member has member in the structure of printing the form, the Member must specify the names of the Exchanges where the Member has member in the Member from client and to be kept as enclosure with this document) I. INVESTMENT/TRADING EXPERIENCE	Bank Name	Branch a	address	Bank account no.	Account Type: Saving/ Current/Others	MIC	R Number	IFSC co	de
F. DEPOSITORY ACCOUNT(S) DETAILS, if available Depository Participant Name (NSDL/CDSL) Depository Name (NSDL/CDSL) Depository Participant (NSDL/CDSL) Depository Name (NSDL/CDSL) Depository Participant (NSDL/CDSL) G. REPOSITORY ACCOUNT(S) DETAILS, if available Repository Participant (CCRL/NERL) Repository Participant (Name (CCRL/NERL)) Depository Participant (Name (CCRL/NERL)) Depository Participant (Name (CCRL/NERL)) Depository Participant (Name (CCRL/NERL)) H. TRADING PREFERENCES (Note: Please sign in the relevant boxes against the Exchange with which you wish to trade. The Exchange not chosen should be struck off by the Sr. Name of the Stock Exchange # Date of Consent for Signation that trading (Name									
Depository Participant Name (NSDL/CDSL) Depository Name (NSDL/CDSL) Depository Name (NSDL/CDSL) Depository Name (NSDL/CDSL) Depository Name (NSDL/CDSL) G. REPOSITORY ACCOUNT(S) DETAILS, if available Repository Participant Repository Name (CCRL/NERL) Depository Participant Repository Name (CCRL/NERL) Depository Participant Repository Name (CCRL/NERL) H. TRADING PREFERENCES (Note: Please sign in the relevant boxes against the Exchange with which you wish to trade. The Exchange not chosen should be struck off by the Sr. Name of the Stock Exchange # Date of Consent for Signation trading Signation of the Stock Exchange Properties of the Stock Exchange Properties of the Stock Properties of the Stock Properties of the Member from client and to be kept as enclosure with this document) I. INVESTMENT/TRADING EXPERIENCE			·				.,	 NICR Code or/an	d
Repository Participant Repository Name (CCRL/NERL) The second of the Stock Exchange Fig. 1 At the time of printing the form, the Member must specify the names of the Exchanges where the Member from client and to be kept as enclosure with this document] G. REPOSITORY ACCOUNT(S) DETAILS, if available Repository Participant Repository Name of the applicant. H. TRADING PREFERENCES (Note: Please sign in the relevant boxes against the Exchange with which you wish to trade. The Exchange not chosen should be struck off by the Sr. Name of the Stock Exchange # Date of Consent for Signation trading Participant		-	Depos	sitory Name				Beneficia (BO I	-
Repository Participant Name (CCRL/NERL) Beneficiary name RP ID Beneficiary name RP ID Date: Provide a copy of either Remat Master or a recent holding statement issued by RP bearing name of the applicant. H. TRADING PREFERENCES (Note: Please sign in the relevant boxes against the Exchange with which you wish to trade. The Exchange not chosen should be struck off by the Sr. Name of the Stock Exchange# Date of Consent for Signativation of trading application of the Stock Exchange application of the Stock Exchange application of the Exchanges where the Member has member as of allowing a client for trading on any other Exchange at a later date, which is not selected now, a separate consent letter is required to the Member from client and to be kept as enclosure with this document) I. INVESTMENT/TRADING EXPERIENCE	ote: Provide a cop	y of either D				•		applicant.	
H. TRADING PREFERENCES (Note: Please sign in the relevant boxes against the Exchange with which you wish to trade. The Exchange not chosen should be struck off by the Sr. Name of the Stock Exchange# Date of Consent for Signate trading app. 1 2 3 4 FAt the time of printing the form, the Member must specify the names of the Exchanges where the Member has member in case of allowing a client for trading on any other Exchange at a later date, which is not selected now, a separate consent letter is required to the Member from client and to be kept as enclosure with this document) I. INVESTMENT/TRADING EXPERIENCE		- 1	Repo	ository Name				Benefic (BO	-
Sr. Name of the Stock Exchange# Date of Consent for trading 1 2 3 4 At the time of printing the form, the Member must specify the names of the Exchanges where the Member has member has a client for trading on any other Exchange at a later date, which is not selected now, a separate consent letter is required to the Member from client and to be kept as enclosure with this document] I. INVESTMENT/TRADING EXPERIENCE	·	,		H. TRADI	NG PREFERENCES				nant l
1 2 3 4 FAt the time of printing the form, the Member must specify the names of the Exchanges where the Member has member has a later date, which is not selected now, a separate consent letter is required to the Member from client and to be kept as enclosure with this document. I. INVESTMENT/TRADING EXPERIENCE					Date of 0	Consent		Signature o applicar	f the
3 4 4 At the time of printing the form, the Member must specify the names of the Exchanges where the Member has member has a later date, which is not selected now, a separate consent letter is required to the Member from client and to be kept as enclosure with this document] I. INVESTMENT/TRADING EXPERIENCE	1					y			
At the time of printing the form, the Member must specify the names of the Exchanges where the Member has member case of allowing a client for trading on any other Exchange at a later date, which is not selected now, a separate consent letter is required to the Member from client and to be kept as enclosure with this document] I. INVESTMENT/TRADING EXPERIENCE									
At the time of printing the form, the Member must specify the names of the Exchanges where the Member has member has of allowing a client for trading on any other Exchange at a later date, which is not selected now, a separate consent letter is required to the Member from client and to be kept as enclosure with this document] I. INVESTMENT/TRADING EXPERIENCE									
	At the time of pr n case of allowing a c	lient for tradin	ng on any oth	er Exchange at a later a		-		-	
Other investment related field				I. INVESTMENT	T/TRADING EXPER	IENCE			
the investment related held Commodities No Frior Expension	Other investment	related fiel	d] Co	mmodities		No Prior	Experience	
Years Years			Yea	rs		Y	ears		

Validity Date





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

MCX Member Code: 12575 SEBI REGISTRATION NUMBER: INZ000180436

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																					
Stock Exchange / any otl										′											
ast 3 years		L. DE	ALIN	NGS	THR	oug	iH C	TH	ER	MEI	МВЕ	RS									
(In case dealing with mul	(If applican	t is deali	ng thr	ough a	any ot	her N	1emb	er, p	rovi	de th	e fol	lowii				20.	mont	iona	d hal	0141	
(in case dealing with mui	tipie iviembe	ers, prov	ide de	talls 0	I dii iii	a sep	Jarat	e sne	ecc	ontai	ming	all ti	ie in	10111	iatio	11 dS 1	nent	ione	u bei	ow)	
Member Name																					
Exchange																					
SEBI Registered Number																					
Regd. office address																					
Regd. office address																					
Regd. office address																					
City																					
State																					
Country																					
Phone No.																					
Email Fax																					
MAZ de este e									1											I	
Website																					
Client Code																					
chefft code							J				J									ļ	
Details of disputes/dues	nendina	to such	Men	nher																	
M. INTRODUCER DETAILS (optional)																					
		М.	TINI	KUD	UCEI	K DE	I A.	LLS	(ol	OTIO	nai)										1
ame of Introducer																					
uthorized Person Existing Clients No Prior Experience																					
Others (Plz Specify)																					





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

												_													
Address																									
																	Pin					<u> </u>			
	1 1						-				1		1	1		ı	ı		1	1					
City																									
State																									
Country																									
<u></u>																									
Dhana Na			1				1			1															
Phone No.																									
	Signature of the Introducer																								
Cianatuus of the Intus	ignature of the Introducer																								
Signature of the Intro	gnature of the Introducer N. ADDITIONAL DETAILS																								
	N. ADDITIONAL DETAILS																								
	N. ADDITIONAL DETAILS																								
Whether you wish to receive communication from Member in electronic form on your Email-id: Yes No O. NOMINATION DETAILS																									
N. ADDITIONAL DETAILS Whether you wish to receive communication from Member in electronic form on your Email-id: Yes No O. NOMINATION DETAILS																									
	Signature of the Introducer N. ADDITIONAL DETAILS Whether you wish to receive communication from Member in electronic form on your Email-id: O. NOMINATION DETAILS We wish to nominate I/We do not wish to nominate Yes I																٦								
	N. ADDITIONAL DETAILS ether you wish to receive communication from Member in electronic form on your Email-id: O. NOMINATION DETAILS															_		_	_						
	N. ADDITIONAL DETAILS hether you wish to receive communication from Member in electronic form on your Email-id: Yes O. NOMINATION DETAILS We wish to nominate I/We do not wish to nominate Yes																								
	N. ADDITIONAL DETAILS Thether you wish to receive communication from Member in electronic form on your Email-id: O. NOMINATION DETAILS We wish to nominate I/We do not wish to nominate Yes Name of the Nominee																								
N. ADDITIONAL DETAILS Whether you wish to receive communication from Member in electronic form on your Email-id: Yes No O. NOMINATION DETAILS I/We wish to nominate I/We do not wish to nominate Yes No Name of the Nominee															0										
I/We wish to nominate I/V	O. NOMINATION DETAILS Ve wish to nominate I/We do not wish to nominate Ye wish to nominate I/We do not wish to nominate															es		N	•]						
I/We wish to nominate I/V	O. NOMINATION DETAILS The wish to nominate I/We do not wish to nominate The wish to nominate I/We do not wish to nominate The wish to nominate I/We do not wish to nominate																es		N	•]					
	O. NOMINATION DETAILS The wish to nominate I/We do not wish to nominate The wish to nominate I/We do not wish to nominate The wish to nominate I/We do not wish to nominate The wish to nominate I/We do not wish to nominate The wish to nominate I/We do not wish to nominate The wish to nominate I/We do not wish to nominate The wish to nominate I/We do not wish to nominate The wish to nominate I/We do not wish to nominate															\ [es	Τ	N	。] 					
	Ne wish to nominate I/We do not wish to nominate Name of the Nominee																es		N	•] _		<u> </u>			
		not w	vish t	to no	min	ate													es			• 			
Name of the Nominee		not w	rish t	to no	min	ate													/es						
		not w	rish t	to no	min	ate													/es						
Name of the Nominee		not w	rish t	to no	min	ate													/es		N C				
Name of the Nominee		not w	rish 1	to no	min	ate).0.	В					/es						
Name of the Nominee		not w	rish t	to no	min	ate).0.	В					es						
Name of the Nominee		not w	rish t	to no	min).0.	В [/es						
Name of the Nominee Relationship with Nominee PAN of Nominee		not w	rish t	to no	min).o.	В [/es						
Name of the Nominee Relationship with Nominee PAN of Nominee		not w	rish 1	to no	min).o.	В [/es						
Name of the Nominee Relationship with Nominee PAN of Nominee		not w	rish 1	La constant de la con	min	ate).0.	В											
Name of the Nominee Relationship with Nominee PAN of Nominee		not w	rish 1	to no	min	ate).o.	В [Pir							
Name of the Nominee Relationship with Nominee Address		not w	rish 1	to no	min	ate).O.	В											
Name of the Nominee Relationship with Nominee PAN of Nominee		not w	rish 1	to no	min	ate).O.	В											
Name of the Nominee Relationship with Nominee Address		not w	rish 1	to no	min	ate).0.	B [
Name of the Nominee Relationship with Nominee Address City State		not w	rish 1	to no	min	ate).O.	В											
Name of the Nominee Relationship with Nominee Address City		not w	rish 1	to no	min	ate).O.	В											



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

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

MCX Member Code: 12575 SEBI REGISTRATION NUMBER: INZ000180436

If Nominee is a minor, details of guardian:

	0				,				. 0																										
Nam	ne of	Gu	ardi	an																															
							l	<u> </u>		!_			l	1		!_				<u> </u>	 !_		ı							ı	1			_	
Add							1	1		1								1	I			1	1			1	1	1			I	\top	$\overline{\mathbf{T}}$	I	٦
Auu	1622																										<u> </u>					-	₩		-
																				+												-	+		-
										_									-	+							D:				-	+	\vdash	-	_
		Pin Pin															_																		
City	ty ate															٦																			
City																		-																	
			-																		-														
Cou	ntry																						_												
Dha																																			
Pho	ne ivo	Ο.																																	
										ſ																							—		\neg
Sig	natu	re o	of G	uarc	liar	1																													
										-																									
WITN	NESSE	ES (Only	applio	cable	e in	case	e the	e ac	cou	nt h	olde	r ha	s ma	de i	nom	inat	ion)																	
													١	Vitr	nes	s 1											Wi	tne	ss 2	2					
	١	Nan	ne																																
	Λ.	ldre																																	
	Au	iui e	:55																																
	9	Sigr	natu	re																															



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

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.

	01 1	IIISIC	aumg	<i>j</i> 01 1	11131	грі с.	JCTTC	<u> </u>	, 1 a	111/ ۷۷	C ui	C av	varc	triu	C 1/	WC	пау	ЪС	. 1101	u ne	ibic	101	10.					
		D	etai	ls																								
Place				_			\perp																					
Date			\perp	<u> </u>			\perp										Si	gn	atu	re (of A	٩рр	lica	ınt	:			
										PLE	ASE	TEA	AR H	ERE	Ξ													
										FOR	OF	FICE (JSE (ONL	Y													
UCC Code allo	tted to	o the	e Apr	plica	nt			Τ															Τ	-		Τ	$\overline{\top}$,
Documents veri	fied w	/ith (Origi	nals	i		•		•			•	,		•	•		•			•					•		
Name of the E	mploy	⁄ee																						T				
								T						T										\dagger				
				<u>. </u>																								
mp. Code.													ı	Des	igr	natio	on											
																					Γ	1				\top		
																	D	at	е							<u> </u>		
Signature																												
-												-																_
Date																												
																			_		_							

Signature

Comris Participants Seal



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

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
- Proof of Address issued by any of the following; bank managers of schedule commercial banks/ schedule cooperative bank/ multinational foreign bank



Photograph

Please affix your recent

passport size photograph and sign

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

Nomination Form

ONLY FOR Existing Individual Comris Account Holders

Date																												Ů	C10331			
											I	1									1		1			1	-					
Com	ris Pa	rtic	pant	Nan	ne																	+								+		
Addr	ess																					T								T		
																														<u> </u>		
																								-	'n					—		<u> </u>
Dear Si	/We the sole holder Guardian (in case of minor) hereby declare that: Ve do not wish to nominate any one for this account. Ve nominate the following person, who is entitled to receive commodity balances lying in my /our account, in the event of the dea he Sole holder. Strike out what is not applicable.]																															
	Dear Sir/ Madam, /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 deat he Sole holder. Strike out what is not applicable.] Signatures of all account holders should be obtained on this form].																															
i/We t	ear Sir/ Madam, 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 deather Sole holder. Strike out what is not applicable.] Signatures of all account holders should be obtained on this form]. RP / CP ID Client ID Client ID																															
We do	ear Sir/ Madam, We the sole holder Guardian (in case of minor) hereby declare that: e do not wish to nominate any one for this account. e nominate the following person, who is entitled to receive commodity balances lying in my /our account, in the event of the dear e Sole holder. trike out what is not applicable.] Signatures of all account holders should be obtained on this form]. Client ID Client ID																															
We no	Pear Sir/ Madam, 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 ne Sole holder. Strike out what is not applicable.] Signatures of all account holders should be obtained on this form]. RP / CP ID Client ID Client ID															ath o	f															
the Sol	ear Sir/ Madam, We the sole holder Guardian (in case of minor) hereby declare that: /e do not wish to nominate any one for this account. /e nominate the following person, who is entitled to receive commodity balances lying in my /our account, in the event of the death ne Sole holder. Strike out what is not applicable.] Signatures of all account holders should be obtained on this form]. RP / CP ID Client ID Client ID																															
[Strike	Plear Sir/ Madam, /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 ne Sole holder. Strike out what is not applicable.] Signatures of all account holders should be obtained on this form]. RP / CP ID Client ID Name of First / Sole Holder																															
[Sign	Dear Sir/ Madam, /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 Client ID Client ID																															
Address Dear Sir/ Madam, 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 the Sole holder. Strike out what is not applicable.] [Signatures of all account holders should be obtained on this form]. RP / CP ID Client ID Name of First / Sole Holder Name of Second Holder																																
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 the Sole holder. [Strike out what is not applicable.] [Signatures of all account holders should be obtained on this form]. RP / CP ID Client ID Name of First / Sole Holder Name of Second Holder Name of Third Holder Nominee details:																<u> </u>																
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 the Sole holder. [Strike out what is not applicable.] [Signatures of all account holders should be obtained on this form]. RP / CP ID Client ID Name of First / Sole Holder Name of First / Holder Name of Third Holder Nominee details:															T																	
Address 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 the Sole holder. [Strike out what is not applicable.] [Signatures of all account holders should be obtained on this form]. RP / CP ID Cilent ID Name of First / Sole Holder Name of Third Holder																																
Address 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]. Rap / CP ID Client ID Name of First / Sole Holder Name of Third Holder Name of Third Holder Nominee details:																																
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 Name of First / Sole Holder Name of Second Holder Name of Third Holder Nominee details:															<u> </u>																	
,																																
						1	1		1		1		1	1			1	ı					1	1	1							
Name	e of T	hird	Holde	r	1																				-	-	+			+		
							1							<u> </u>										<u> </u>		_					l l	
												1	Non	nine	ee d	etai	ls:															
		ne																						-						ــــــ		
Last N	ame															1		1												<u> </u>		
					- 1								ı			ı	- 1	1	ı	<u> </u>	1			1			1					
Addr	ess		1 1																						-	-				+	\perp	





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

PIN PIN														
City														
State Country														
City State														
State Country Telephone No. Mobile No. Email ID Relationship with BO (If any) Date of Birth Signature of Nominee 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														
Relationship with BO (If any)														
State Country Telephone No. Mobile No. Email ID Date of Birth Signature of Nominee 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 Address City State														
First Name														
Telephone No.														
Email ID														



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

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.

Photograph													_													
Please affix your r																										
passport size photograph and across it																S	igna	tur	e c	of N	lom	ine	ee			
is nomination is in accordance me / us and also any testame										s Ac	:, 19	956	, and	d sh	all s	upe	rsed	e aı	ny į	orio	r no	mii	nati	on r	nad	e
Place									D	ate																
	First Aut	:horiz	ed Sig	gnato	ry			Se	ecor	nd Au	thor	ized	l Sign	ator	'y			Т	hird	Aut	hori	zed	Sigr	natory	,	
Name																										
Name																										
																										\perp
Signature ee: Two witnesses shall attest signails of the Witness:	nature(s)) / Th																								
				Witn	ess 1	1									I			Wit	ne	ss 2	<u>'</u> 		1		1	一
Name	++																	-	-				1	+	+	\dashv
																		\dagger	\dagger						\dagger	\dashv
	1 1																									
Address																										
Signature																										
						(To	be fi	lled I	by R	P)																_
Nomination Form accepted	and ra	aic+	oros	انير ا	do D					_						\top			1							\neg





Comris Participants Seal

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

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

Date																		
Acknowledgement Reco	eipt																	
Received nomination f	form:																	
Application No.									Dat	e								
CP I D								Clie	nt ID									
Name of First / Sole Ho	older																	
Name of Second joint	Holdor															$\overline{}$	$\overline{}$	_
Name of Second Joint	notidei																	_
	1 1 1			ı		1	ı	ı		<u> </u>	 I		·	- 1		 		
Name of Third joint H	older																	
																		_
			<u> </u>			11		<u> </u>		L.	 		ı	- 1	ı		 	_
Nomination in favor of	f																	
No Nomination Does not wish to nominate																		
Date																		
												Sig	natı	ıre				



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

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/MCXCCL.
- 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/MCXCCL.
- 5. Any requirements or directives specified by MCX/MCXCCL 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)





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

MCX Member Code: 12575 SEBI REGISTRATION NUMBER: INZ000180436

MOBILE NO. / EMAIL ID DECLARATION

The mobile no. mentioned in this my (Relationship with clien		who
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 in your account.	d of your spouse, dependent children and dependent parents can be registe	ered
#Strikeout whichever is not an	nlicable	