

Client Registration Form

(Individual & Non-Individual)

Form No. : _____

Client Name : _____

Client Code : _____

Branch : _____

Group Code : _____

(For Office Use Only)

☐ MCX

☐ NCDEX

CKYC No. : _____

KRA No. : _____

Members of MCX & NCDEX



ShethjiTM
broking house pvt. ltd.



ShethjiTM
broking house pvt. ltd.

NAME OF EXCHANGES AND SEBI

SEBI REGISTRATION CODE	SR.NO.	EXCHANGE	EXCHANGE MEMBERSHIP CODE
INZ000214837	1.	MULTI COMMODITY EXCHANGE OF INDIA LIMITED - MCX	56370
	2.	NATIONAL COMMODITY & DERIVATIVES EXCHANGE LIMITED - NCDEX	01264

Clearing Member : GLOBE COMMODITIES LTD.

SEBI REGISTRATION CODE	SR.NO.	EXCHANGE	EXCHANGE MEMBERSHIP CODE
INZ000024939	1.	MULTI COMMODITY EXCHANGE OF INDIA LIMITED - MCX	TM CODE : 10735
			CM CODE : 8550
	2.	NATIONAL COMMODITY & DERIVATIVES EXCHANGE LIMITED - NCDEX	TM CODE : 00012
			CM CODE : M50011

Registered & Correspondence Office Address:

708, Nakshatra Heights, Opp. Raiya Telephone Exchange, 150feet Ring Road, Rajkot-360005, Gujarat, INDIA
Contact : 0281-2585854 • **E-Mail** : contact@shethji.com • **Website** : www.shethji.com
CIN : U74999GJ2018PTC101417

Compliance Officer

Mr. Krunal H. Dattani

Contact : +91 281 2585854 • **E-Mail** : compliance@shethji.com

Chief Executive Officer (CEO)

Mr. Arjun Dattani

Contact : +91 70611 19111 • **E-Mail** : arjun.dattani@shethji.com

For any grievance/dispute please contact member SHETHJI BROKING HOUSE PVT. LTD. at the above details, in case of not satisfied with the response, please contact the concerned exchange(s) at

SR.NO	EXCHANGE	EMAIL ID	EXCHANGE NUMBERS
1.	MULTI COMMODITY EXCHANGE OF INDIA LIMITED - MCX	iscmum@mcxindia.com	022-6731 8888 022-6631 9441
2.	NATIONAL COMMODITY & DERIVATIVES EXCHANGE LIMITED - NCDEX	ig@ncdex.com	022-6640 6789

INDEX OF DOCUMENTS

Sr. No.	Name of the Document	Brief Significance of the Document	Page No
A. MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI & EXCHANGES			
1	KYC (Account Opening) application form	PART-I : KYC form - Document captures the basic Information about the constituent for Individual & Non-Individual	1 to 4
		PART-II : KYC form - Document captures the trading account related details for Individual & Non-Individual	5 to 8
2	Tariff sheet	Document detailing the rate/amont of brokerage and other charges levied on the client for trading on the Commodity Exchange(s)	9
3	Uniform Risk Disclosure Document (RDD)	Document detailing risk associated with dealing in the commodities market.	Provide in Soft copy or Hard copy as opted by client
4	Rights and Obligations of Members, Authorized Persons and Clients	Document stating the Rights & Obligations of member, Authorized Person and client for trading on Exchanges (Including additional rights & obligations in case of Internet/wireless technology based trading).	
5	Do's and Dont's For the Investors	Document detailing do's and dont's for trading on exchange, for the education of the investors.	
B. VOLUNTARY DOCUMENTS AS PROVIDED BY THE MEMBER*			
1	Electronic Contract Declaration	Declaration by client for Electronic Contract note	10
2	Running Account Authorisation	Letter authorizing the Member - Broker to maintain account of the client on running account basis	11
3	Letter for Operation of Account	Letter containing various operative instructions to the Member - Broker for day to day operations of account of the client	12
4	Letter giving details of Authorised Representative(s)	Letter giving details of Persons authorised by the client to interact with the member - broker on his/her/its behalf	13
5	Client Undertaking for compliance with Prevention of Money Laundering Act	Client Undertaking for complying with provisions of Prevention of Money Laundering Act, 2002(PMLA)	13
6	Authority letter to adjust collaterals against MTM loss	Letter authorizing Member - Broker to adjust MTM losses against collaterals maintained/deposited by the client with the Member - Broker	14
7	Undertaking to abide by Rules for position limits	Letter - Undertaking given by client to the Member - Broker that he/she/it will abide by Rules for position limits	14
8	Squaring - off Open Positions	Letter For Authorization Of Squaring-off Open Positions	15 to 16
9	Client Acknowledgement	Client acknowledgment letter to confirm the receipt of Risk Disclosure Documents, Rights & Obligation, Do's & Don'ts and Policies & Procedures' Documents	17
10	FATCA & CRS Declaration	FATCA & CRS Declaration for Non-Individual	18 to 20
11	AADHAAR CONSENT LETTER	Letter of Consent for giving Aadhaar as Valid Proof	21
12	CLIENT CATEGORY CLASSIFICATION	Commodity wise classification as per SEBI - Mandatory	22
13	Declaration by Sales Person / AP (For Office Use Only)	Declaration by Sales Person / AP (For Office Use Only)	-



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CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual

Important Instructions:

- A) Fields marked with '**' are mandatory fields.
 B) Please fill the form in English and in BLOCK letters.
 C) Please fill the date in DD-MM-YYYY format.
 D) Please read section wise detailed guidelines / instructions at the end.
 E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
 F) List of two character ISO 3166 country codes is available at the end.
 G) KYC number of applicant is mandatory for update application.
 H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.



For office use only

Application Type*

☐ New ☐ Update

(To be filled by financial institution)

KYC Number

(Mandatory for KYC update request)

Account Type*

☐ Normal ☐ Simplified (for low risk customers) ☐ Small

☐ 1. PERSONAL DETAILS (Please refer instruction A at the end)

	Prefix	First Name	Middle Name	Last Name
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"/>			
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*	<input type="text"/>
Tax Identification Number or equivalent (If issued by jurisdiction)*	<input type="text"/>
Place / City of Birth*	<input type="text"/>
ISO 3166 Country Code of Birth*	<input type="text"/>

☐ 3. PROOF OF IDENTITY (PoI)* (Please refer instruction C at the end)
(Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted)

<input type="checkbox"/> A- Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>		
<input type="checkbox"/> C- PAN Card	<input type="text"/>		
<input type="checkbox"/> D- Driving Licence	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> E- UID (Aadhaar)	<input type="text"/>		
<input type="checkbox"/> F- NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>
<input type="checkbox"/> S- Simplified Measures Account - Document Type code	<input type="text"/>	Identification Number	<input type="text"/>

☐ 4. PROOF OF ADDRESS (PoA)*

4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

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

Address

Line 1*	<input type="text"/>
Line 2	<input type="text"/>
Line 3	<input type="text"/>
District*	<input type="text"/>
Pin / Post Code*	<input type="text"/>
City / Town / Village*	<input type="text"/>
State / U.T Code*	<input type="text"/>
ISO 3166 Country Code*	<input type="text"/>

☐ **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																								
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																								
State*					ZIP / Post Code*					City / Town / Village*			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)

<input type="checkbox"/> A- Passport Number		Passport Expiry Date	DD - MM - YYYY
<input type="checkbox"/> B- Voter ID Card			
<input type="checkbox"/> C- PAN Card			
<input type="checkbox"/> D- Driving Licence		Driving Licence Expiry Date	DD - MM - YYYY
<input type="checkbox"/> E- UID (Aadhaar)			
<input type="checkbox"/> F- NREGA Job Card			
<input type="checkbox"/> Z- Others (any document notified by the central government)		Identification Number	
<input type="checkbox"/> 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 : DD - MM - YYYY

Place :

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY
Documents Received
☐ Certified Copies

IPV/KYC VERIFICATION CARRIED OUT BY

Date	DD - MM - YYYY
Emp. Name	
Emp. Code	
Emp. Designation	
Emp. Branch	

[Employee Signature]

INSTITUTION DETAILS

Name	SHETHJI BROKING HOUSE PVT. LTD.
Code	IN3726



Name of Applicant _____ PAN of the Applicant _____

Sr. No.	PAN	Name	DIN (For Directors) / Aadhaar Number (For Others)	Residential / Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Photograph

Date dd / mm / yyyy

PART-II

TRADING ACCOUNT RELATED DETAILS

(FOR INDIVIDUALS & NON-INDIVIDUALS)

A. KRA REGISTRATION DETAILS

I/We are registered with KRA ☐ YES ☐ NO

If Yes, I/We hereby authorise you to obtain details of my documents from KRA and use the same for the purpose of registration. I/We hereby confirm that our details with KRA are accurate and updated.

B. BANK DETAILS

Bank Name & Branch Address	Account Number	Account Type (Strike off which ever is not applicable)	MICR Code#	IFSE Code#
		SB / Current / other		
		SB / Current / other		

Note: Please submit copy of cancelled cheque leaf/Passbook/Bank Statement specifying name of the client, MICR & IFSC Code of the Bank's Branch for all Bank Accounts Mention above.

C. DEPOSITORY ACCOUNT DETAILS

Depository Participant Name	Depository Name	Beneficiary Name	DP ID	Beneficiary ID (BO ID)

Note: Provide a copy of either Demat Master or a recent holding Statement issued by CP bearing name of the client

D. TRADING PREFERENCE

Note: Please sign in the relevant boxes against the exchange with which your 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	
			Future Trading	Option Trading
1	MCX		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	NCDEX		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

[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 be obtained by the Member from client and to be kept as enclosure with this document]

E. OTHER DETAILS (PLEASE PREFER INSTRUCTION/CHECK LIST)

1. Gross Annual Income Details (Please Tick (✓))

☐ Below 1 Lac ☐ 1-5 Lac ☐ 5-10 Lac ☐ 10-25 Lac ☐ 25 Lacs-1 Crore ☐ > 1 Crore **OR**

Net-worth Amt. Rs. (*Net worth should not be older than 1 year) as on (date) / /

2. Please tick, if applicable ☐ Politically Exposed Person ☐ Related to a Politically Exposed Person

For Definition of PEP, please refer instruction / Check List

3. Any other Information

F. INVESTMENT/TRADING EXPERIENCE

Prior Experience	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes,	_____ Years in Commodities	_____ Years in other investment related fields

G. GOODS AND SERVICE TAX(GST) Details (Attach GST Proof)

GST No.			
State			

H. 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# / my 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.

I. PAST REGULATORY ACTIONS

Details of any action / proceedings initiated / Pending/taken by FMC / SEBI / Stock exchange / Commodity exchange / any other authority against the client or its partners / promotor / whole time directors / authorized persons in charge during the last 3 Years. _____

J. DEALINGS THROUGH OTHER MEMBERS

If client 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's / Authorized Person (AP)'s Name :			
Exchange and Exchange's Registration Number :			
Concerned Member's Name with whom the AP is registered :			
Registered office address			
Ph :		Fax :	
Email :		Website :	
Client Code:			
Details of disputes/dues pending from/to such Member/AP :			

K. DETAILS OF INTRODUCERS

Introduced By	<input type="checkbox"/> Remisier	<input type="checkbox"/> Existing Client	<input type="checkbox"/> Others _____
Name of Introducer			
Address & Contact Details			
Signature of Introducer			

L. DEATILS OF AUTHORIZED PERSON (If client is Dealing through Authorised Person)

(Name, Address & Contact Details of Authorised Person)	A.P. Code : _____ (Signature of Authorised Person)
--	--

M. ADDITIONAL DETAILS

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

☐ Yes ☐ No
Whether you wish to avail of the facility of internet trading/trading through mobile or wireless technology ☐ Yes ☐ No**N. NOMINATION DETAILS (FOR INDIVIDUAL A/C ONLY)**

- ☐ I/We **do not wish to make nomination for my trading account.** [Strike out what is not applicable:]
- ☐ I/We **nominate** the following person who is entitled to receive commodity/security/funds balances lying in my account, particulars whereof are given below, in the event of the death of account holder.

Full Name of the Nominee			
Address			
City		State	
Country		PIN code	
Telephone No.		Fax No.	
PAN		UID	
E-mail ID			
Relationship with Client (If any)			
Date of birth (mandatory if nominee is a minor)			

IF NOMINEE IS A MINOR, DETAIL OF GUARDIAN

Full Name of Guardian of Nominee			
Address			
City		State	
Country		PIN code	
Telephone No.		E-Mail ID	
Relationship of Guardian with Nominee			
Signature of Gurdian			

This nomination shall supersede any prior nomination made by me/us and also any testamentary document executed by me/us.

Note : Two witnesses shall attest signature (s) / thumb impression (s)

Details of the Witness	First Witness	Second Witness
Name of witness		
Address of witness		
Signature of witness		

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 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.
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.

X

Signature of Client / Authorised Signatory (ies)

Place _____

Date _____

FOR OFFICE USE ONLY

UCC Code allotted to the Client			
DOCUMENT VERIFIED WITH ORIGINALS			
Name of the Employee			
Employee Code		Designation of the Employee	
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, 'Do's and Dont'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 **Shethji Broking House Pvt. Ltd.**

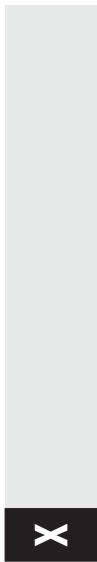
Signature of the Authorised Signatory

Date : _____



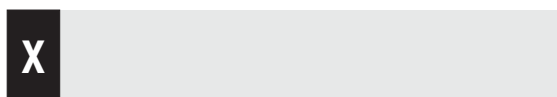
Seal / Stamp of the Member

TARIFF SHEET

For MCX & NCDEX	Brokerage	Brokerage agreed by client
Trading in Futures		 Signature of Client / Authorised Signatory (ies)
Same day square off in Futures		
Minimum per lot for Futures		
Settlement auto squaring off for Futures		
Trading in Options		
Same day square off in Options		
Minimum per lot in Options		
Settlement auto square off for Options		
Delivery Brokerage		

Other Charges :

1. Goods & Service tax, Stamp Duty, Transaction Charges, Clearing Charges, Commodities Transaction Tax and other charges / taxes as applicable, subject to change from time to time.
2. Delivery Transactions are subject to Sales Tax/VAT/GST as applicable
3. SBHPL reserves the right to change any of the terms mentioned herein above from time to time, after due intimation to the client.
4. KRA Charges will be levied as per actual.



Signature of Client / Authorised Signatory (ies)

ELECTRONIC CONTRACT NOTE (ECN) DECLARATION

To,
Shethji Broking House Pvt. Ltd.
708, Nakshatra Heights,
Opp. Raiya Telephone Exchange,
150 Feet Ring Road,
Rajkot - 360 005

Dear Sir,

I, _____ a client with
Member M/s. Shethji Broking House Pvt. Ltd. of MCX & NCDEX Exchange undertake as follows:

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

The above declaration and the guidelines on ECN given in the Annexure have been read and understood by me. I am aware of the risk involved in dispensing with the physical contract note, and do hereby take full responsibility for the same.

*(The email id must be written in own handwriting of the client.)

X

Signature of Client / Authorised Signatory (ies)

RUNNING ACCOUNT AUTHROISATION ALL EXCHANGES

1. In order to facilitate operations, I/We authorize you the Stock Broker to maintain a running account with you, instead of settlement to settlement clearance of funds / securities/commodities due to me/us. This authorization is valid and applicable for my / our client account(s) with you for each segment and each Exchange where I/we have opened my/our trading account(s).
2. The pay out of funds/securities/commodities may be retained by you and on interest shall be payable by you on such securities /funds so retained. I/We authorize you to appropriate such retained funds and/or securities to meet our obligations for margin or for settlement across exchanges, segments and settlements. Only on my/our written request(s), you shall make payment out of my/our credit balance(s) to the extent of unencumbered credit balance(s) and shall transfer my/our securities/deliver commodities to my/our Demat account(s) or to me, as the case may be out of my/our securities/commodities retained by you.
3. I/We authorise you to transfer my/our debit/credit balances in my/our ledger accounts for different segments and for different Exchanges intense. Such transfer may be affected by journal entry or by actual transfer of funds as may be required.
4. I/We also authorise you to consider the funds/securites/commodities so retained by you toward collateral margin for allowing enhanced trading limit to me/us.
5. I/We agree that you shall not be liable for any claim for loss of profit, or for any consequential, incidental, special or exemplary damages, caused by retention of such securities/funds/commodities under these instructions or otherwise.
6. I/We authorise you to debit and recover depository charges payable by me in respect of transactions in demat securities deposited by me for collateral including charges levied by CM/Clearing Corporation/Exchange Clearing House for pledging, transferring such securities with CM/Clearing Corporation/Exchange Clearing House out of funds held in my/our client ledger account(s) in any segment/Exchange.I/We also authorise you to debit and recover warehousing charges payable by me in respect of transactions in commodities in demat and/or physical form received by you from me or on my account from Exchange on pay out or deposited by me as collateral out of funds held in my/our client ledger account for any Segment/Exchange.
7. VALIDITY: These instructions are valid until the same are revoked by me/us through written Communication.
8. I/We understand that, as per regulations, Client's ledger account with Stock Brokers is required to be settled to zero once in every month/quarter. I/We request you to settle our ledger account, securities account and commodities balances in physical or electronic form to zero once in every month/quarter, for all segments taken together or on different dates for different settlements as may be feasible. You may retain such amount of funds and/or securities as would be required to meet obligations on open positions as on the date of settlement and for settlement obligations or margin obligations for ensuing 5 days. I/We undertake to inform you in writing any discrepancy that I/We may find in statement of account(s) and statement of securities and statement of commodities, forwarded to me/us pursuant to such settlement (s), within 7 days from the date of receipt of such statements. Minimum Amount will be retained as per exchange and SEBI guidelines.
9. I/We would like to opt for ☐ Monthly / ☐ Quarterly settlements.
10. REVOCATION : I/We understand that, I/We have right to revoke this authorization at any time by sending a written communication to that effect to you.

Your Faithfully,

X

Signature of Client / Authorised Signatory (ies)

Note : The authorization shall be signed by the client only and not by any of his/her/its authorized person on behalf of the client or any holder of power of attorney.

LETTER FOR OPERATION OF ACCOUNT

Sir(s),

Sub: Letter for Operations of Account

For the smooth operations of the account, kindly note our following instructions:

I Order

1. I/We shall be giving verbal instructions for placing/modifying/canceling my/our orders for trade executions, pay - out instructions etc. over telephone or in person and the same shall binding to me / us.

II Communication

In case of any document/ledger/account position/transaction reports etc. are required by me/us, I/We shall obtain the same from your offices or get it collected through our representative. I/We am/are aware that you have installed systems and software which enable me/us to access my/our account details / transaction reports and all matters pertaining to my/our account through internet in a secured manner Using our user id and password. **This instruction does not amount to waiver of requirement of sending monthly account statement etc. as per 'rights and obligations of members, authorised persons and clients'.**

III Other Instructions

1. I/We understand that errors might be committed by dealers/computer operators resulting in punching of wrong client codes while making order entry. Exchange rules provide for modification for such wrongly entered client codes to correct client codes. I/we under take to sign such papers/documents as may be required for the purpose of authentication for client code modification as and when required.
2. My/our funds lying with you may be used for the purpose of depositing the same with the exchange for the purpose of margin or placing FDR with banks which may be submitted to the exchange / clearing corporation for margin or used as collateral for obtaining bank guarantees for meeting margin requirement of exchange / clearing corporation.
3. I/We authorize you to use commodities and securities deposited by me/us with you to further use the same for meeting margin/additional capital requirements of the Exchange/clearing member by pledging or depositing the same in any manner as may be required.
4. I/We agree that you are authorised to charge delayed payment charges for over due amount @ 1.5% per month.
5. I/We undertake to execute my/our own sale purchase transactions in commodity derivatives through you and shall not act as unregistered intermediary. I/We shall intimate to you changes in my/our address details, bank details, damat account details etc. as soon as possible.
6. I/We have right to revoke any of the authorisation granted to the Member - Broker through this document by sending a written communication duly signed at the registered office of the Member - Broker.

Thanking you

Yours truly,


X

Signature of Client / Authorised Signatory (ies)

LETTER FOR AUTHORISED REPRESENTATIVES - ALL EXCHANGES

Sir(s),

Sub : Authorised representatives

Kindly find below a list of authorized representative to represent me/us, their authority including but restricted to

1. Acknowledging contract notes issued by you to me/us for our trades
2. Communicating changes in my/our KYC details
3. All other communications from me/us to you

Thanking you,

X _____

Signature of Client / Authorised Signatory (ies)

CLIENT UNDERTAKING FOR COMPLIANCE WITH PREVENTION OF MONEY LAUNDERING ACT-VOLUNTARY

Dear Sir/Madam,

This is with regards to my/our Trading ID _____ with Shethji Broking House Pvt. Ltd. I/We hereby confirm that transactions related to sale, purchase and or dealing in commodities executed by me/us are for the purpose of investment of my own money and / or for the purpose of dealing in commodities markets for my own interests.

I/We undertake that :

I /We am/are _____ (Resident of india/NRI/Others) and was/were never convicted for any activity subjected to indian Penal Code and/or any other such activity which is prohibited by the laws of the Land.

I/We am/are not a party to any agreement or arrangement directly or indirectly, to facilitate settlement of my transactions with Shethji Broking House Pvt. Ltd. where Shethji Broking House Pvt. Ltd. is a party of such agreement or arrangement.

I/We confirm that funds and / or commodities used by me for settlement of transaction are assets earned by me through legal means in my / our own capacity and are not assets qualified under Prevention of Money Laundering Act. 2002 (PMLA)

X _____

Signature of Client / Authorised Signatory (ies)

AUTHORITY LETTER TO ADJUST COLLATERALS AGAINST MTM LOSS - ALL EXCHANGES

Dear Sir/Madam,

I/We have a trading account, bearing no. _____, with Shethji Broking House Pvt. Ltd. in the name of _____ since _____

I/We hereby authorize Shethji Broking House Pvt. Ltd. to adjust my/our MTM losses on a daily basis, before trading commences on the next trading day, against my/our funds available with Shethji Broking House Pvt. Ltd., after having first adjusted the initial margin requirement in my/our account.

I/We hereby further authorized Shethji Broking House Pvt. Ltd. that the MTM profits, if any, may be added to my/our collateral(s) maintained with Shethji Broking House Pvt. Ltd. and treated as additional collateral brought in by me/us.

I/We have right to revoke any of the authorisation granted to the Member - Broker through this document by sending a written communication duly signed at the registered office of the Member - Broker.

X

Signature of Client / Authorised Signatory (ies)

UNDERTAKING TO ABIDE BY RULES FOR POSITION LIMITS -VOLUNTARY

I/We am/are aware that SEBI and recognised commodity Exchanges prescribe open position limits at client level for near month as well as across all derivative contracts of a commodity. I/We am/are also aware that, SEBI and Exchanges prescribe manner of computation of open position limit in respect of each client by clubbing the position of other entities associated with the said client.

I/We hereby declare and undertake that I/We shall not exceed and abide by the position limits prescribed by SEBI or respective Exchange(s) as per the mode of computation prescribed.

I/We undertake to inform you and keep you informed if I/any of our partners/directors/karta/trusty or any of the partnership firms/companies/HUIs/trusts in which I/any of such person is a partner/director/Karta/trusty, takes or holds any position in any commodity derivative contract on any commodity Exchange through you or through any other member(s) of any commodity Exchange, to enable you to restrict our position limit in accordance with directives.

I/We confirm that you have agreed to execute our orders in commodity derivatives as your client on commodity Exchange(s) only on the basis of our undertaking and assurance.

Yours faithfully,

X

Signature of Client / Authorised Signatory (ies)

LETTER FOR AUTHORIZATION OF SQUARING-OFF OPEN POSITIONS

To,
Shethji Broking House Pvt. Ltd.
 708, Nakshatra Heights,
 Opp. Raiya Telephone Exchange,
 150 Feet Ring Road,
 Rajkot - 360 005

Dear Sir,

Sub. : Authorization for squaring off of open position

I/We am/are your client registered under client code: _____. I/We execute our trades in commodity futures on NCDEX and MCX through the above trading account with you. The commodity market has been experiencing very high volatility since quite sometime. This has resulted in increased risk of losses due to market moving against my/our open position in a very short span of time. In order to protect my/our capital and as a measure of managing risk emanating from high volatility and very long trading hours, I/we authorize you to kindly square off my/our outstanding position taken by me/us, without my/our order or consent, under any of the following situations, whichever occurs first:

- (a) Squaring off of total open positions: upon my/our total position including positions taken with the intention of carrying it forward overnight resulting in marked to market (MTM) losses exceeding per-specified percentage of my/our margin deposit/ledger balance.
- (b) Squaring off of intra day positions: At any time in between or in the last 30 minutes prior to market closing time for the segment in which I/we have taken such position for intraday trading purpose as indicated by me/us at the time of placing orders and as recorded through specified order entry feature for intraday trading orders.
- (c) The above parameters viz, time limit for square off and per-specified percentage of margin deposit/ledger balance shall be subject to change depending on market conditions, volatility and other factors, your views for which shall be final and binding. You shall be under no obligation to explain or justify such modifications in parameters.

I/We understand that

- (i) The above instruction shall be executed by you on best effort basis and does not result in creating any legal obligation on your part. I/We understand that, volatility, depth of the market and availability of matching order on opposite side are factors beyond your control.
- (ii) The square off may not happen due to either limited ability on your part to track positions of several clients online and square off may not be executed or may be executed much later than specified time limit, due to dealer being preoccupied with other clients.
- (iii) The non squaring off of open positions due to any reason including reasons mentioned in (i) and (ii) above, shall not absolve me/us from my/our obligation to honour my/our settlement obligations as per provisions of Member-Client Agreement, Rules, Regulations, Bye-laws and Business Rules of the Exchanges. (iv) You may use functionalities, if any, available in your trading software application. However, I/We understand that software and computers may not function, at times, due to technical problems, connectivity issue or bugs.
- (iv) Thus, while you may try your best to act in accordance with my/our instructions, you may not be able to do so due to any of the above stated reasons or for any other reasons. I/We shall not hold you responsible or accountable for failure to square off my/our position in accordance with the above instructions.

- (V) You may endeavor to communicate my/our transactions as expeditiously as possible, including through SMS confirmation on my/our registered mobile number, any change thereof shall be communicated to you in time. However, you shall not be under obligation to do so. I/We undertake to review my/our transactions and open positions, margin utilization and ledger balances and other reports either through the internet access to your back office or by making inquiries.
- (vi) This letter and the above instructions does not amount to any alterations or amendments in your right to square off my/our position in accordance with the Member - Client Agreement executed by me/us with you and the rights available to your under the Rules, Regulations, Bye-laws and Business Rules of the Commodity Exchanges on which I/we have executed transactions.

X

Signature of Client / Authorised Signatory (ies)

ACKNOWLEDGMENT OF THE CLIENT FOR RECEIPT OF COPY OF KYC AND OTHER DOCUMENTS

To,
Shethji Broking House Pvt. Ltd.
708, Nakshatra Heights,
Opp. Raiya Telephone Exchange,
150 Feet Ring Road,
Rajkot - 360 005

Dear Sir,

I/We have received a copy of the duly completed documents viz. Client registration form (KYC). Risk Disclosure document, Tariff sheet, Rights and Obligations of Members, Authorized Persons and Clients, Do's and Don'ts, Policies & Procedures for the investors and also a copy of other voluntary document executed by me.

I/We have been informed that all the mandatory documents viz. Risk Disclosure document, Right & Obligations and Guidance Note (Do's and Don't) in any or the 15 vernacular languages will be made available to me/us on demand.

I/We confirm that I/We have been informed that Risk Disclosure document, Rights & obligation, Do's and Don'ts, Policies & Procedures and other documents are available on the website of the member viz, www.shethji.com

I/We confirm that I/We have been given option to receive Risk Disclosure document, Right & Obligation, Do's and Don'ts, Policies & Procedures documents by email now or as and when required by me/us in physical form.

I/We confirm that, I/We have been informed that Shethji Broking House Pvt. Ltd. is not engaged in proprietary trading i.e. trading in Commodities Derivatives Market on its own account. However, as and when it engages in such trading activities, it will inform to all the existing clients about the same.

Thanking You,
Yours Faithfully

Client Name : _____

Client Code : _____

Date : _____

X

Signature of Client / Authorised Signatory (ies)


Shethji
 broking house pvt. ltd.

Details of Ultimate Beneficial Owner Including Additional FATCA & CRS information - Individual

(Each demat account holder has to submit separate FATCA/CRS Declaration)

Section I

Name of the Client	
Father Name	
Spouse Name	
Occupation Type	Service <input type="checkbox"/> Business <input type="checkbox"/>
Occupation details (Short Description)	
PAN	

Are you a Tax Resident (i.e. Citizen/ Resident/ Green Card holder/ assessed for Tax) in any country other than India?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you US Person?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section II

(Only applicable when Client selects "Yes" for Tax Residency details other than India)

Correspondence Address		Permanent address	
Citizenship		Date of Birth	
Country for Tax Resident		Country for Tax Resident	
Country of Birth		Place of Birth	
TAX Identification Number (TIN) or Equivalent		TAX Identification Number (TIN) or Equivalent	
TIN is not available	(A) <input type="checkbox"/> The Country where the account holder is liable to pay tax does not issue TIN to its residents. (B) <input type="checkbox"/> No TIN required (Select the reason only if the authorities of the respective country of tax residence does not require TIN to be collected) (C) <input type="checkbox"/> Other Reason (Please specify) - _____		

I understand that Shethji Broking House Pvt. Ltd. (SBHPL) is relying on this information for the purpose of determining the status of the applicant named above in compliance with FATCA/CRS. SBHPL cannot offer any tax advice on CRS or FATCA or its impact on the applicant. I/we shall seek advice from professional tax advisor for any tax questions. I also undertake to keep SBHPL informed in writing about any changes / modification to the above information in future within 30 days and also undertake to provide any other additional information as may be required at your end or by domestic or overseas regulator/tax authorities. I agree that as may be required by domestic regulators/tax authorities SBHPL may also be required to report, reportable details to CBDT or suspend my account. I/we certify that the information provided in this form is true, correct and complete including the taxpayer identification number of the applicant. I also confirm that I have read and understood the FATCA & CRS terms and conditions given below and hereby accept the same.

X

Signature of Client / Authorised Signatory (ies)

UBO Declaration

Category (Please tick applicable category) ☒ Unlisted Company ☒ Partnership Firm ☒ Limited Liability Partnership Company ☒ Unincorporated association / body of individuals ☒ Public Charitable Trust ☒ Religious Trust ☒ Private Trust ☒ Others (please specify _____)

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s).

Owner-documented FFI's⁵ should provide FFI Owner Reporting Statement and Auditor's Letter with required as mentioned in Form W8 BEN E

Name Beneficial owner / Controlling Person Country Tax Residency* Tax ID No. Or functional equivalent for each country*	Tax ID Type TIN or Other, Please specify Beneficial Interest In Percentage Type Code11.- of Controlling person	Address- Include State, Country, PIN / ZIP Code & Contract Details Address Type -
1. Name _____ Country _____ Tax ID No. _____	Tax ID type _____ Type Code _____ Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	Address _____ ZIP _____ State : _____ Country _____
2. Name _____ Country _____ Tax ID No. _____	Tax ID type _____ Type Code _____ Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	Address _____ ZIP _____ State : _____ Country _____
3. Name _____ Country _____ Tax ID No. _____	Tax ID type _____ Type Code _____ Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	Address _____ ZIP _____ State : _____ Country _____

If passive NFE, please provide below additional details.

(Please attach additional sheets if necessary)

PAN / Any other identification Number (PAN, aadhar, Passport, Election ID, Govt. ID, Driving License NREGA Job Card, Other) City of Birth - Country of Birth	Occupation Type - Service, Business, Others Nationality Father's Name - Mandatory # PAN is not available	DOB- Date of Birth Gender - Male, Female, Other
1. PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB DD/MM/YYYY Gender <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> female <input type="checkbox"/> Others <input type="checkbox"/>
2. PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB DD/MM/YYYY Gender <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> female <input type="checkbox"/> Others <input type="checkbox"/>
3. PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB DD/MM/YYYY Gender <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> female <input type="checkbox"/> Others <input type="checkbox"/>

#Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than india:

*To include US. where controlling person is a US citizen or green card holder

*in Case Tax Identification Number is not available, Kindly provide functional equivalent

⁴Refer 3(iii) of part D | ⁶Refer 1 of Part D | ⁵Refer 3(vi) of Part D | ¹¹Refer 3(iv) (A) of Part D

FATCA - CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the income-tax Rules, 1962 which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders, In relevant cases, information will have to be reported to tax authorities / appointed agencies. Towards compliance, we may also be required to provide to provide information to may institutions such as withholding agents for the purpose of ensuring appropriate with holding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with (insert FI's name) or its group entities. Therefore, It is important that you respond to our request, even if you believe you have already supplied any previously requested information.

If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.

¹It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

Certification

I/We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me / us on this form is true correct and complete. I/We also confirm that I/We have read and understood the FATCA& CRS Terms and Conditions below and hereby accept the same.

Name	_____
Designation	_____

X

Signature of Client / Authorised Signatory (ies)

Place _____

Date ____/____/____

AADHAAR CONSENT LETTER

To,
Shethji Broking House Pvt. Ltd.
 708, Nakshatra Heights,
 Opp. Raiya Telephone Exchange,
 150 Feet Ring Road,
 Rajkot - 360 005

Dear Sir/Madam,

I/We hereby submit voluntarily at my/our own discretion, the physical copy of Aadhaar card/physical eAadhaar /masked Aadhaar / offline electronic Aadhaar xml as issued by UIDAI (Aadhaar), to **Shethji Broking House Pvt. Ltd.** for the purpose of establishing my/our identity and/or address proof and voluntarily give my/our consent to open account/process instructions for the said purpose with **Shethji Broking House Pvt. Ltd.** in my/our name(s) individual capacity(ies) using my/our Aadhaar or as an authorized signatory in non-individual accounts and; hereby give consent to **Shethji Broking House Pvt. Ltd.** for verification of my/our Aadhaar to establish its genuineness through Quick Response (QR) code embedded in the Aadhaar card or through such other acceptable manner as per UIDAI or under any Act or law from time to time. The consent and purpose of collecting Aadhaar has been explained to me/us in local language. **Shethji Broking House Pvt. Ltd.** has informed me/us that my/our Aadhaar submitted to the company herewith shall not be used for any purpose other than mentioned above, or as per requirements of law.

Shethji Broking House Pvt. Ltd. has informed me/us that this consent and my/our Aadhaar will be stored along with my/our account details within the company.

I/We hereby declare that all the information voluntarily furnished by me/us is true, correct and complete.

I/We will not hold **Shethji Broking House Pvt. Ltd.** or any of its officials responsible in case of any incorrect information provided by me/us.

The particulars of the Aadhaar is/are as under:

Aadhaar Number : _____

Name of the Aadhaar Holder : _____
 as in Aadhaar card

X _____

Signature of Client / Authorised Signatory (ies)

CLIENT CATEGORY CLASSIFICATION

To,
Shethji Broking House Pvt. Ltd.
 708, Nakshatra Heights,
 Opp. Raiya Telephone Exchange,
 150 Feet Ring Road,
 Rajkot - 360 005

Sub : Participant Disclosure in commodity derivative market

Ref : SELF DECLARATION / Client Code : _____

Pursuant to SEBI circular SEBI/HO/CDMRD/DNPMP/CIR/P/2019/08 dated 04th January, 2019, transparency in the commodity derivative is paramount for price signal as well as its correlation with underlying physical market activities. In order to enhance transparency to public in commodity derivative market, additional disclosures for open interest and turnover for various categories of participants of commodities as well as market level is required.

(Fill category code for each commodity type in the blank columns and if you are not dealing among any of these commodities then please write N/A in it's blank column)

LIST OF COMMODITIES (MCX & NCDEX)

ALLUMINIUM		BRASS		COPPER		LEAD	
NICKEL		ZINC		BARLEY		CARDAMOM	
CASTOR		CHANA		COCUDAKL		COTTON	
DHANIYA		GUARGUM		GUARSEED		JEERAUNJHA	
KAPAS		MAIZE		MOONG		PADY	
PEPPER		RM SEED		SUGAR		SOYABEAN	
TURMERIC		WHEAT		GOLD		SILVER	
CPO		CRUDE OIL		MENTHA OIL		SYOREF	
NATURAL GAS							

Category Code Reference Table as per SEBI

Category	FPOs / Farmers	VCPs/ Hedgers	Proprietary Traders	Domestic Financial Institutional Investors	Foreign Participants	Others
Category	1	2	3	4	5	6

I/We declare that the details furnished above are true and correct to the best of my knowledge and belief and I/We undertake to inform you of any changes there in immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting I/We am/are aware that I/We may be held liable for it.

X

Signature of Client / Authorised Signatory (ies)



For Office Use Only

DECLARATION BY SALES PERSON / AUTHORISED PERSON

To,
Shethji Broking House Pvt. Ltd.
708, Nakshatra Heights,
Opp. Raiya Telephone Exchange,
150 Feet Ring Road,
Rajkot - 360 005

Dated _____

Dear Sir,

This is in reference to the Trading account under consideration in the name of _____

R/o _____

I declare that I have met the above captioned person personally & have verified copy of under mentioned KYC with original, which is enclosed with account opening form & I also certify that client has signed and executed the form, stamp papers with enclosures in my presence.

The following KYC documents are checked and verified from the original documents :

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Date of verification of documents :

The above statement is true and correct and made under my own free mind without any coercion, misrepresentation or fraud.

Name of the person

Signature

Employee / Authorised person



REGISTERED OFFICE

708, Nakshatra Height, Opp. Raiya Telephone Exchange,
150ft. Ring Road, **Rajkot** (360 005), Gujarat, INDIA