**AP APPLICATION for MCX (Edelweiss Broking Limited)**

Name of Branch \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Remisier Code of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & Contact details of verifying person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Sr. No** | **Completeness of application Form** | **Yes/No** |
| 1 | Undertaking providing various confirmation with respect to the appointment of Authorized Person from member as per AP – 2 |  |
| 2 | Details of Individual/Directors/Partners of Authorized Person as per AP - 3 |  |
| 3 | Undertaking received from Authorized Person as per AP - 4 |  |
| 4 | Details of Shareholding/ Sharing Pattern of Authorized Person in the format as per AP – 5a/5b |  |
| 5 | Certified True copy of Agreement between as per AP - 6 |  |
| 6 | Certified True Copies of   1. PAN card 2. Proof of Date of Birth 3. Educational Qualification 4. Proof of Registered Office 5. and 6. Residential Address of Individual /Partners/Directors of Authorized Person (**Bank Statement/Bills etc not older than three months)** |  |
| 7 | Certified True copy of Registered Partnership Deed /Memorandum of Association of Authorized Person containing clause permitting them to deal in commodities derivatives contracts |  |

**NOTE:**

**1. All the above enclosures are to be certified by the BM under Company Stamp**

**2. Provide one Xerox copy of signed agreement between Member and Authorised Person and this Xerox copy should be signed by BM under Company Stamp.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name & Signature of Verifying Employee**

|  |
| --- |
|  |
| **Documentary Requirement** |
| **FOR INDIVIDUALS : PLEASE SEND EITHER HARD [1&2] OR SOFT COPY [1&2]** |
| 1. Annexure 1 [ Full name and Full residential address should be mentioned along with the PIN code ] |
| 2. PAN Copy. |
|  |
| **FOR PARTNERSHIP FIRM : ONLY HARD COPY [ full set ] ACCEPTABLE** |
| 1. Annexure 1 [ Full name and Full registered office address should be mentioned along with the PIN code ] |
| 2. PAN Copy of the Firm |
| 3. List of all Partners [on the letter head of the firm, duly seal and signed]. |
| 4. PAN copy of all the Partner’s mentioned in the List |
| 5. Request letter [on the letter head of the firm duly seal and signed] seeking the appointment of the firm as AP in NCDEX. |
| 6. Partnership firm should be registered one, provide duly certified copy of “Certificate of registration”. and Partnership deed copy with the business of Securities & Commodity Derivatives |
|  |
| **FOR CORPORATES : ONLY HARD COPY [ full set ] ACCEPTABLE** |
| 1. Annexure 1 [ Full name and Full registered office address should be mentioned along with the PIN code ] |
| 2. PAN Copy of the Company. |
| 3. List of all the Directors [on the letter head of the Company, duly seal and signed]. |
| 4. PAN copy of all the Director’s mentioned in the List |
| 5. Board Resolution |
| 6. Certificate of Incorporation |

**(On the letterhead of the AP)**

**APPLICATION FORM FOR APPOINTMENT OF AUTHORISED PERSON**

Date:

The details of the proposed Authorised Person are as follows:

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Particulars** | **Details Required** |
| **1** | **Applicant Name of proposed  Authorized Person(in capitals-  expand all initials) :** |  |
| **2** | **Trade Name of Proposed  Authorized Person (Block Letters) :** |  |
| **3** | **Constitution:  Individual/Partnership/LLP/Body Corporate)** |  |
| **4** | **Nationality** |  |
| **5** | **Date of Incorporation/Registration  (In case of corporate/firm/LLP)** |  |
| **6** | **Date of birth in case of Individual** |  |
| **7** | **Office Address Details\*** |  |
|  | **Address Line 1:** |  |
|  | **Address Line 2:** |  |
|  | **Address Line 3:** |  |
|  | **City:** |  |
|  | **State:** |  |
|  | **Pin Code:** |  |
|  | **Telephone no with STD code:** |  |
|  | **Fax No.:** |  |
|  | **Email Address:** |  |
|  | **Mobile No.** |  |
|  | **Website, if any:** |  |
| **8** | **Name and designation of the Contact Person in Authorized  Person’s office\* :** |  |
| **9** | **Income Tax Permanent Account No.(PAN) of Authorized Person** |  |
| **10** | |  | | --- | | **Details of Infrastructure of** | | **Authorised Person\*:** | | **Is office owned / rented:**  **Area (in sq. ft):**  **Details of manpower (if any):**  **Details of other infrastructure available(if any):**  **Connectivity Details (VSAT / Leased Line /Internet):**  **No. of terminals proposed to be provided to Authorised Person**  **(any change in this information is required to be updated to Exchange on**  **timely basis ):** | |  |

**\* similar details to be provided location-wise in separate annexure, in case Authorised Person has been assigned more than one branch.**

**(Signature of the AP)**

**(Signature & Name of Applicant)**

**(To be signed only by Proprietor/ All Partners/ All Directors)**

**(On the letter head of Authorised Person)**

**AP-3**

**Details of Individual/Director/ Partners/ of M/s.\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Applicant Authorised Person’s Name) as on \_\_\_\_\_\_\_\_\_\_ (date)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sr.No | Name $ | Father’s Name $ | Husband’s Name \*\* | Date of Birth | PAN No | Qualification | Residential Address \*\* | Contact/Mobile No | Email ID |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

**NOTES:**

**\*** All initials to be expanded (full name to be indicated)

\*\* Applicable only in case of married female applicants. In case if the applicant has not changed her name and address post marriage an undertaking to be obtained from applicant(s) for no change in name and address post marriage duly self-certified and the confirmed by the Member.

Date:

Place: **Signature of Authorised Person:-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*\*\*Signature of Individual/Partner/Director with Stamp of the Authorised Person

\*\*\* Signature of the applicant should match with the PAN, If not than please provide the bank verification as per the prescribed format of the Exchange available on the Exchange website.

**CERTIFICATE**

This is to certify that the details of Individual/partner/director in \_\_\_\_\_\_\_\_\_\_\_\_\_\_ and as given above, based on my/ our scrutiny of the books of accounts, records and documents is true and correct to the best of my/our knowledge and as per information provided to my/our satisfaction and signed before me.

**For (Name of Certifying Firm)**

**Name of the Partner/Proprietor**

**Chartered Accountant**

**Membership Number**

**Date**:

Please paste self-attested photographs of the Individual / partners / directors duly signed across:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

(Name & Signature of member)

(to be signed only by individual / proprietor / managing partner / designated director as the case may be or the authorised signatory as on the records of the Exchange)

**(On the letterhead of the Authorised person)**

**AP-4**

**Undertaking**

I/We Mr./Ms./M/s. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of the applicant) had applied for Appointment as Authorised Person of the Exchange through member, M/s. **Edelweiss Broking Limited.** In this regard, I/We hereby confirm/undertake that:

1. I/We and our partners/directors have not been convicted for any offence in the past and presently not under trial for any offence involving fraud and dishonesty.
2. I/We will deal directly with investors and not through any other authorised person on appointment with exchange.
3. I/We and our directors/partners is/are neither an Authorised Person of any other member of the Exchange and nor has/have applied for appointment as Authorised Person with any other member of the Exchange.
4. We are not defaulter / expelled on any Exchange
5. I/We are “fit and proper” person under SEBI (Intermediaries) Regulations, 2008 and no action has been taken against us by SEBI, RBI etc. and we have not defaulted in payment to any agency.
6. I/We shall abide by the guidelines issued by SEBI/Exchange in this regard.

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

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

**\*\* Signature, Name & Seal**

\*\* Should be signed by Individual/ All partners / All Directors of the proposed Authorised Person.

**(On the letter head of Authorised Person)**

**AP-5a**

**(For Corporate)**

Shareholding Pattern of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of Authorised Person) as on \_\_\_\_\_\_(date)

Paid up \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Face value of each equity share \_\_\_\_\_\_\_\_\_\_\_\_\_Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr. no. | Name $ | Number of  Shares held | Amt paid-  Up Rs. | % age of total |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| Others |  |  |  |  |
| Total |  |  |  | 100% |

Date:

Place:

Signature(s)

Name of Director(s)

With Stamp of the Authorised Person

**CERTIFICATE**

This is to certify that the Shareholding in \_\_\_\_\_\_\_\_\_\_\_\_\_\_ as given above, based on my/ our scrutiny of the books of accounts, records and documents is true and correct to the best of my/our knowledge and as per information provided to my/our satisfaction. Further, we confirm that there is no foreign shareholding in the said entity.

Date:

Place:

For (Name of Certifying Firm)

Name of the Partner/Proprietor

Chartered Accountant

Membership Number

**(On the letter head of Authorised Person)**

**AP-5b**

**(For Firms/LLP)**

Sharing Pattern of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of Authorised Person) as on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr. no. | Name of the Partner | Capital in the Firm (Rs.) | Share in Profits | Share in Losses |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| Total |  |  | 100% | 100% |

**Partner: Mr. / Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date:

Place:

Signature(s)

Name of Partner(s)

With Stamp of the Authorised Person

**CERTIFICATE**

This is to certify that the Capital and Sharing Pattern of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ as given above, based on my/ our scrutiny of the books of accounts, records and documents is true and correct to the best of my/our knowledge and as per information provided to my/our satisfaction. We confirm that there is no foreign holding in the said entity.

Date:

Place:

For (Name of Certifying Firm)

Name of the Partner/Proprietor

Chartered Accountant

Membership Number