



ODIN Diet Requisition Form

Date: ____ / ____ / _____

To,

Kotak Commodity Services Pvt. Ltd.
1st Floor, Nirlon House
Dr. A. B. Raod, Worli
Mumbai 400 030.

Client Code _____

Dear Sir,

I/We _____, hold above referred trading account with your company. I/We wish to activate ODIN-Diet with following details.

Telephone No : _____

Mobile No : _____

Email id : _____

Note: Above contact details will be updated in our trading client database for all future communications with you.

License Requested : MCX NCDEX

Client Cost : _____

If Recovery is to be distributed over a period of time,

Recover Period (in months): _____ @ Rs. _____ Per Month.

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 changes 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.

I/We further agree that above ODIN Diet facility will be governed by the Internet Trading Terms and Conditions accepted by me.

Clients Signature:



For Office Use:

Division : Retail / PCS

Branch location code : _____

Initiator Name & Sign : _____ Emp id : _____