

Date: ____ / ____ / _____

To,

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

Dear Sir,

I/we _____(name of the client Individual/Non Individual),
having trading account with Unique Client Code _____ allotted to me/us by your
broking house situated at _____(branch name) since _____(date of opening
of the account).

I/we am/are not trading in commodity futures contracts on the MCX and NCDEX trading platform
since _____ (last trade date). However, I/we am/are desirous to start trading again in
commodity futures contracts on the MCX and NCDEX platform. In this regard, you are requested to
reactivate my/our trading account and allow trading with immediate effect.

I/we hereby undertake that:

1. I/We have completed all the KYC formalities and submitted all the required documents thereof
(Proof of Identity, Address Proof, Bank Proof, PAN, etc.), at the time of opening the trading
account originally and enrolling as a client with you.
2. There are no changes in respect of my/our Address, Bank account and PAN details as provided
to you earlier. Further, there is no material change in the other information provided to you in
KYC Form. In case of any change in the above mentioned information, I/we shall update the
same to you at the earliest.

OR

There is a change in my /our Address/Bank account/PAN details; hence duly filed KYC Form
along with requisite proofs is enclosed herewith.

OR

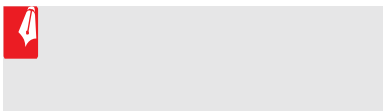
There is a change in email id and /or other information; I/we enclose herewith an updation
request for the same.

(Please strike off whichever is not applicable)

3. We enclose herewith updated financial information along with requisite proof.

I/we declare that the information given above is true to my/our knowledge. I/we, confirm that all
the details required by the exchange / regulators will be provided by me/us to reactivate the account.

Clients Signature:



For Office Use:

Name of the RM/Dealer : _____

Employee Code : _____

Signature : _____

Documents required as proof:

- a) For Individual - Prescribed KYC documents along with KYC Part A in case KRA is not registered.
- b) For Sole Proprietor - Prescribed KYC documents along with KYC Part A in case KRA is not registered.
- c) For HUF - Prescribed KYC documents + Latest Financial Proof - Balance Sheet, IT Return or Latest Bank proof with bank seal.
- d) For Partnership - Prescribed KYC documents + Latest Financial proof - Copy of latest Annual Report, Balance Sheet, IT Returns with company seal or Latest Bank proof with bank seal. Authorised signatory Stamp with partners sign required on request letter.
- e) For Corporate - Prescribed KYC documents + Latest Financial proof - Copy of latest Annual Report, Balance Sheet, IT Returns with company seal or Latest Bank proof with bank seal. Authorised signatory Stamp with authorized
- f) Client's sign required on request letter

Important Note:

For Non-Individual clients - In case if a Non Individual Client is providing Latest Bank Proof as a financial proof then please consider the below points:

- Latest Bank Statement (not be more than 3 months old).
- In case if original bank statement is not provided than Bank Stamp with bank manager's signature is required in the statement.

All the above docs have to be verified with original by the RM.

Kotak Commodity Services Private Limited Account Opening Form - Individual

Signature Required



KNOW YOUR CLIENT (KYC) APPLICATION FORM

NEW CHANGE REQUEST (Please tick ✓ the appropriate)

Please fill this form in English and in BLOCK LETTERS

(Please tick ✓ the box on left margin of appropriate row where CHANGE / CORRECTION is required and provide the details in the corresponding row)



PART A



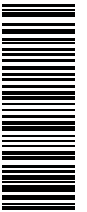
Please affix & sign
across the Photograph

I. IDENTITY DETAILS

<input type="checkbox"/> A Name (Mr./ Ms./Mrs.)	First Name	Middle Name	Last Name
<input type="checkbox"/> Fathers/Spouse Name			
Date of Birth	DD MM YYYY		
<input checked="" type="checkbox"/> Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
<input checked="" type="checkbox"/> Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married		
<input type="checkbox"/> Nationality			
<input checked="" type="checkbox"/> Status	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non-Resident <input type="checkbox"/> Foreign National		
Aadhaar number, If any			PAN
Specify the proof of Identity submitted			

II. ADDRESS DETAILS Correspondence Address Residence Address

<input type="checkbox"/> Residence/ Correspondence Address			
	City / Town / Village	Pin Code	
	State	Country	
Specify the proof of address submitted for residence /correspondence address			
<input type="checkbox"/> Contact Details (with country code, area codes, followed by the number)	Tel. (Off)# :	Tel. (Res.)# :	
	CCSTD	CCSTD	
	Mobile: CC	Fax CCSTD	
<input checked="" type="checkbox"/> A E-mail ID			
<input type="checkbox"/> Permanent Address (If different from above. Mandatory for Non-Resident applicant to specify overseas address)			
	City / Town / Village	Pin Code	
	State	Country	
Specify the proof of address submitted for permanent address			



Ver. 10/15-16/190116



Signature



Initials



Note



Tick



Capital Letters

1

If you have a landline connections kindly provide the same



Signature Required

+

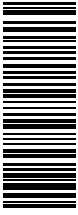
DECLARATION

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.

Client Signature

Date :

FOR OFFICE USE ONLY



	Documents verified with Originals	Client Interviewed by and In-Person Verification done by
Name of the Employee/ Sub-Broker/Authorised Person		
Employee Code/SEBI Reg. No./ Authorised Person Reg. No.		
Designation of the employee		
Name and Add of Branch/ Franchisee/Service Centre		
Date		
Place of Verification (if on Webcam, please specify)		
Signature of Employee / Sub-Broker/Authorised Person		
Name of Organization		

Originals verified and Self-Attested Document copies received

Name & Signature of the Authorised Signatory

Date :

Seal/Stamp of Intermediary

Ver. 10/15-16/190116

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