

Format – Client Consent for opening ComRIS Account

(Applicable for client registered for trading with the Member acting as ComRIS Participant)

Date:
From:

To,
Kedia Capital Services Pvt Ltd

OFFICE NO 1 FIRST FLOOR TULIP FLOWER VALLEY KHADAKPADA KALYAN WEST -
421301

I/We request you to kindly open a ComRIS Beneficiary Account with yourself for the below mentioned details

1	Name of the Client - Address Telephone number(s) Fax numbers(s), Name of the contact person. Designation Email ID:	
2	UCC details for mapping with MCX Member	
3	Type of ComRIS Account	
4	Client's PAN (attach copy)	

Declaration Statement to be given by the applicant

"We hereby agree and declare that -

1. The information supplied in the application, including the attachment sheets, is complete and true.
2. We will notify the immediately of any change in the information provided in the application.

3. We shall comply with, and be bound by the relevant acts, provisions, Rules and Regulations and such other guidelines/ instructions, which may be announced by MCXCCL/ MCX from time to time.
4. As a pre-condition, we shall abide by such operational instructions/ directives/ procedures in relation to ComRIS as may be issued by MCXCCL/ MCX from time to time”.

For and on behalf of.....
(Name of the applicant)

Signature of Authorized signatory
(Name)
(Designation)

Date: _____

Place: _____

