



COMMODITIES

INDIVIDUAL

MANY WAYS TO GROW

MEMBERSHIP UNDER COMPETENT PROFESSIONALS PRIVATE LIMITED

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Important Instructions

1. All details to be filled in capital letters with Black/Blue ink only.
2. Email ID and Mobile number is mandatory for account related password's and transaction details.
3. Corrections in the KYC form should be counter signed.
4. Strike off whichever option, in the account opening form, which is not applicable.
5. All Originals to be produced for physical verification.
6. If any proof or identity or address is in a regional language, then translation into English is required.
7. Name and address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.

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Employee / Authorized Person / Sub-Broker Details	Documents verified with originals, client interview and in-person verification done by –	CFPL Stamp / Intermediary Stamp
Name		
Employee ID / Intermediary Code		
UCC allotted		
Date – DD / MM / YYYY	Place –	
Signature of Employee / Intermediary		

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1. Checklist for KYC

		Please Tick
PAN Card (Proof of Identity)	Account Holder	
Photograph	One Passport Size Colored Photograph (Page2)	
Proof of Address (Any One) Permanent / Correspondence	a. Voter ID	
	b. Valid Passport	
	c. Valid Driving Licence	
	d. Aadhaar Card – UID	
	e. Bank Statement / Passbook with cheque leaf (not more than 3 months old, containing complete address of client)	
	f. Electricity Bill (not more than 3 months old)	
	h. Other (Please specify) –	
Bank Proof with MICR / IFSC Code (Any One)	a. Bank Statement / Passbook with cheque leaf (not more than 3 months old)	
	b. Banker's Certificate on letter head of the Bank (Original)	
	c. Cancelled Personalized Cheque leaf	
Proof of Income (Any One)	a. Copy of ITR Acknowledgement.	
	b. Copy of Annual Accounts.	
	c. In case of salary income – Salary Slip, Copy of Form 16.	
	d. Net worth certificate.	
	e. Copy of Demat Account Holding Statement.	
	f. Bank account statement for last 6 months	
	g. Other relevant documents substantiating ownership of assets.	
	h. Self-declaration with relevant supporting documents.	
Other Documents	a. Birth Certificate in case of minor.	

2. Declaration by Competent Professionals Private Limited –

We hereby formally disclose that we carry out Pro-account trading.

Commodity Exchange Name & Segment	SEBI Registration Number	Date of Obtaining Membership
MCX	INZ000034936	22-March-2016

FMC* Unique Membership code	MCX/TCM/CORP/1158	Date of Obtaining Membership	31-March-2006
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*FMC – Forward Market Commission – the regulator of MCX before SEBI took over in September 2015.

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

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> 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"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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"/> <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

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence*

Tax Identification Number or equivalent (If issued by jurisdiction)*

Place / City of Birth*

ISO 3166 Country Code of Birth*

☐ 3. PROOF OF IDENTITY (PoI)*(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"/>
<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"/>
<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"/>
<input type="checkbox"/> S- Simplified Measures Account - Document Type code	<input type="text"/>

Passport Expiry Date

 - -

Driving Licence Expiry Date

 - -

Identification Number

Identification Number

4. PROOF OF ADDRESS (PoA)*

☐ 4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS(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="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	Pin / Post Code*										<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
											City / Town / Village*				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
											State / U.T Code*				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	ISO 3166 Country Code*			
															<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

☐ Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill '**Annexure A1**') 1

[illegible]

☐ Same as Current / Permanent / Overseas Address details ☐ Same as Correspondence / Local Address details

[illegible][illegible]

☐ Addition of Related Person
 ☐ Deletion of Related Person
 KYC Number of Related Person (if available*)

Name*

	Prefix	First Name	Middle Name	Last Name
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(If KYC number and name are provided, below details of section 6 are optional)

<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"/>

- 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 : - -

[illegible]

Signature / Thumb Impression of Applicant

Documents Received ☐ **Certified Copies**

[illegible]

INSTITUTION DETAILS

Name

Code

3. Additional Details

A. Bank Account Details

Bank 1 (Considered for Pay-in and Payout of Funds)			
Bank Name		Branch Location	
Account Number		<input type="checkbox"/> Savings	<input type="checkbox"/> Current
IFSC Code		MICR Code	
Bank 2			
Bank Name		Branch Location	
Account Number		<input type="checkbox"/> Savings	<input type="checkbox"/> Current
IFSC Code		MICR Code	

B. GST Number

Kindly provide your GST Number, if any.	
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C. Service Related

1	Whether you want to avail facility of Internet Trading / Mobile Trading ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Whether you want to receive electronic contract note ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Whether you want to receive Electronic Transaction, Bill, and all other correspondence on the Email address provided? If yes, please fill Annexure – A.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Whether you want to receive SMS and Email alerts from MCX? I undertake to keep both operational and shall formally intimate CPPL in case of any change in the same in writing.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Are you a politically exposed person ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Are you related to a politically exposed person ?	<input type="checkbox"/> Yes <input type="checkbox"/> No

D. Information for Prevention of Money Laundering Act, 2002 & Other Details

a.	Experience in	Commodities	(in years)
		other Investment related fields	(in years)
b.	Gross Annual Income	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 5 - 10 Lacs
		<input type="checkbox"/> 1 - 5 Lacs	<input type="checkbox"/> 10 - 25 Lacs
	OR Current Net Worth in ₹	as on date – DD/MM/YYYY	
c.	Nature of Business	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Services
		<input type="checkbox"/> Consultancy	<input type="checkbox"/> Training
		<input type="checkbox"/> Others _____	

E. Dealings through – Other Members / Other Authorized Persons (AP)

AP / Other Stock Broker / Commodity Broker Name			
SEBI Registration Number		Name of Exchange	
Registered Office Address			
Phone		Email Address	
Details of disputes / dues, pending from / to, such Stock Broker / Commodity Broker/ AP.			

F. Past Actions

Have any actions / proceedings, been initiated / pending / taken, by FMC/ SEBI / Stock Exchanges / Commodity exchanges/ any other authority, against the applicant / constituent, during the last 3 years?

<input type="checkbox"/> No	If <u>Yes</u> , please specify –
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I hereby declare that the contents filled in on this page are true and correct to the best of my knowledge.	Signature (1/10)
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G. Nominee Details

Please tick one of the following –
<input type="checkbox"/> I wish to declare someone as a nominee.
<input type="checkbox"/> I do not wish to declare anyone as a nominee.

Details of Nominee			
Name			
Relationship with BO			
Aadhaar Card Number		PAN	
Address		City	
		State	
		Pin	
		Country	
Mobile		Phone Number	
Email			
Is the Nominee a minor? (if Yes, please fill the following)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth of minor	
Guardian's Details –			
- Name			
- Relationship with minor			
- Aadhaar Card Number		PAN	
- Address		- City	
		- State	
		- Pin	
		- Country	
- Mobile		- Phone Number	
- Email			
Place –	Signature (2/10)		
Date – DD /MM / YYYY			

H. Witness (Only applicable if account holder has made a nomination)

Name		Signature of Witness
Address		

I. Introducer's Detail

Introducer's Name			
Status	<input type="checkbox"/> Sub-broker / Authorized Person	<input type="checkbox"/> Client	<input type="checkbox"/> Others (please specify)
Introducer's Address			
Introducer's Mobile			
Introducer's Signature			

4. Tariff Sheet

Brokerage

	Futures	Delivery	Options
Rate in ₹			

Charges

Transaction Charges	
Other Charges	
Stamp Duty	
GST	As per provisions of GST Act 2017 and as amended from time to time.
CTT	As per the provisions of CTT and as amended from time to time.
Other Taxes	As may be applicable from time to time.

I hereby agree with the aforementioned Brokerage and Other Charges.

Place –	Signature (3/10)
Date – DD /MM / YYYY	

5. Annexure A

Electronic Contract Note – Declaration

I undertake as follows –

- I. I'm aware that the member must provide physical contract notes in respect of all my trades, unless I want the same in electronic form.
- II. I'm aware that the member must provide electronic contract note(s) for my convenience, on request only.
- III. Despite this, I find it inconvenient to receive and keep track of physical contract notes. Therefore, I voluntarily request the delivery of only electronic contract notes.
- IV. I have access to a computer, have its knowledge, and am a regular user.
- V. My email address has been mentioned in this form.
- VI. This declaration is valid, unless revoked by me in writing.

Place –	Signature (4/10)
Date – DD /MM / YYYY	

6. FATCA / CRS Declaration / Self-Certification or Individual

1.	Are you a person resident in India? (refer Risk Disclosure Document on www.competentfinman.com/downloads/)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	If the above is No , kindly specify the country of residence for tax purpose.	
3.	Tax Identification Number	

Note – If you are a US person and/or if your residency / nationality / citizenship is other than India, please provide declaration / self-certification under FATCA / CRS.

Download from – www.competentfinman.com/downloads/ or email – kyc@competentfinman.com

Declaration –

I have read and understood the information requirements and the Terms & Conditions mentioned in this Form (read along with FATCA & CRS instructions) and hereby confirm that the information provided by me on this Form is true, correct and complete.

I hereby agree and confirm to inform CFPL for any modification to this information promptly.

I further agree to abide by the provisions of the scheme related documents inter alia provisions of FATCA & CRS on Automatic Exchange of Information (AEOI).

Date – DD /MM / YYYY	Signature (5/10)
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7. Optional Section

A. Client Defaulter declaration

I hereby declare that I have not been involved in any terrorist activity, and have not been declared a defaulter(s) by regulatory body.	
PAN -	Signature (6/10)

B. Letter of Authorization

<p>I have been/ shall be dealing through you as my/our broker (MEMBER BROKER) on the Commodities Markets. I authorize you as my/our broker (agent) to follow the instructions below across exchanges & across all segments & DP in which I have already opened accounts with you and/or I may open account in future.</p> <p>I understand that from time to time there may be situations where on one hand I have credit balance in one segment/exchange/DP, and on the other hand debit balance/margin shortfall with the other.</p> <p>Therefore, I direct the MEMBER BROKER to –</p>	
1	Net off/adjust, my/our credit, and/or debit balance and/or margin shortfall, standing with the MEMBER BROKER in one exchange/segment/DP with another.
2	I further authorizes that MEMBER BROKER may receive and/or make payments for and on my/our behalf from/to the two aforementioned companies.
3	I hereby authorize MEMBER BROKER that any monies/ credit balance in ledger and/or securities and/or margin lying as credit in my/our account and/or any other assets which are deposited and/or submitted and/or under the control or possession of the MEMBER BROKER and/or the two aforementioned companies, shall be subject to a general lien and/or set off/appropriation/adjustment, in part or whole for discharge of any obligation or against any dues/debit balance in ledger, including but not limited to, dues by way of shortfall in margin, in any of my/our and or my/our family Member's account. In enforcing the right of lien and/ or set off, the Member Broker and or Competent Group companies shall have the sole discretion of determining the manner and time in which the securities and/or monies and/or assets are to be appropriated/liquidated.
4	If any transaction(s) under the Agreement or otherwise with the MEMBER BROKER, has/have been executed by me/us and/or on my/our behalf by any other person, and the same has/have been accepted by me/us from time to time on the basis of the contract note(s)/bills/any other communication dispatched/communicated to me/us by the MEMBER BROKER and/or by part or full settlement of the said transaction(s) by me/us and or my/our family members, then such transaction(s) shall be deemed to be executed by me/us and/or the person authorized by me/us and I hereby agree to ratify and accept all such or other actions of such person and undertakes to meet all obligations arising from these transactions.
5	<p>For this authorization and the Agreement and or any authorization by me/us family shall mean and include, without limiting the meaning and scope of word Family as –</p> <ol style="list-style-type: none"> Spouse, all ascendants, descendants, brothers and sisters of client and all family member of client's Hindu Undivided Family(HUF), all dependents of client and their spouse and children and such other persons who live in the same household/residential address as that of client including the relative(s) as defined in Sec 6 of the Companies Act, 1956. In case of HUF any of the coparcener In case of a Trust, any of the trustees of beneficiaries. In case of Partnership firm, the partners, their spouse, dependent children and parents. In case of Corporates, the promoters having controlling shareholding, their spouse, dependent children and parents. All individual, companies, firm's entities and other persons as notified from time to time by the client and or by the family member of the client to MEMBER BROKER including all such account opened before or after.
6	I further declare that the aforesaid authorization is given by me/ us with my/our own volition.
Date – DD /MM / YYYY	Signature (7/10)

C. Authority letter for Order Instructions

I understand that written instructions for receiving/ modifying/ cancelling orders is required. However, since it is not practical to do so, I hereby authorize you to accept verbal instructions made by me/ my authorized representatives, in person or over the phone, and execute the same.

Please treat this as a written ratification of the verbal directions given by me/ my authorized representatives. I agree to indemnify you, and keep you indemnified against all losses, damages, and actions you may face as a consequence of adhering to and carrying out such directions as mentioned above.

Place –

Signature (8/10)

Date – DD /MM / YYYY

D. Letter of Authorization to act through Authorized Person

I hereby authorize Mr./Ms. _____ to trade on my behalf in my unique client code_____.

I will be fully responsible for all trades done this authorized person in my trading account code.

Further, I allow this authorized person to collect and deliver – cheques, bills, contract notes, confirmations, other documents, deliver any instructions, settle the account, enter any compromise, and sign any document. The aforementioned acts by the above authorized person shall be treated as acts validly done by me, for all intents and purposes.

I agree to indemnify and keep indemnifying you against all losses, damages and actions which you may suffer or face because of carrying out my/our directions given above. I am signing this document at my own volition.

Client Name –

Signature (9/10)

8. Client Declaration

I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief. I agree & undertake to intimate CPPL of any changes therein, immediately. I further agree that any false/misleading information given by me/us or any suppression of any material information will render my account liable for termination & suitable action.

I confirm that I have read/been explained, and have understood the contents of – Rights and Obligations document, Risk Disclosure Document (RDD), Additional Risk Disclosure documents for Options Trading, Guidance Note, Document on Internet and Wireless Trading based facility, and the Tariff Sheet. I hereby agree to be bound by such provisions as outlined in these documents, and the Bye-Laws as in force from time to time.

I have also been informed about the standard set of documents available on www.competentfinman.com/downloads/. I agree to not call into question the validity of such documents.

I have received copies of – this KYC Kit, Rights and Obligations document, Risk Disclosure Document (RDD), Additional Risk Disclosure documents for Options Trading, Guidance Note, Document on Internet and Wireless Trading based facility.

Place –

Signature (10/10)

Date – DD /MM / YYYY

Competent Professionals – Contact Details

Registered office address –

SCO 201- 203, 3rd Floor, Sub City Center,

Sector 34 A, Chandigarh. 160022.

Phone no: 0172 2623888. Fax: 0172 2623881,

Email: contact@competentfinman.com

Website – competentfinman.com

Correspondence office address – (Same as above)

CEO & Compliance Officer –

Bhupinder Pal Singh

Phone – 0172- 2623888

Email – bhupinder.singh@competentfinman.com

For any [Grievance / Suggestion](#) please contact – Competent Professionals Private Limited, at the above address or email account. feedback@competentfinman.com

You can also lodge your grievances with [SEBI](#) at <http://scores.gov.in>

For any queries, feedback or assistance, please contact SEBI Office –

Toll Free Helpline: 1800-22-7575/1800-266-7575