

**PART-I KNOW YOUR CLIENT (KYC) APPLICATION FORM (For Individuals)**

Acknowledgement No. \_\_\_\_\_

**Jyoti Portfolio Private Limited** MCX  NCDEX

CORPORATE OFFICE: B-78, 3rd Floor, Defence Colony, New Delhi-110024

Please fill this form in **ENGLISH** and in **BLOCK LETTERS** **NEW**  **CHANGE REQUEST**  
(Please tick✓ the appropriate)

(Please tick✓ the box on left margin of appropriate row where

**CHANGE/CORRECTON** is required and provide the details in the corresponding row)**PHOTOGRAPH**

Please affix your recent passport size photograph

Signature Across photograph

A. IDENTITY DETAILS	
<input type="checkbox"/>	1. Name of the Applicant
<input type="checkbox"/>	2. Father's / Spouse Name
<input type="checkbox"/>	3. Mother's
<input type="checkbox"/>	4a) Gender <input type="checkbox"/> Male <input type="checkbox"/> Female   3b) Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married   3c) Date of Birth
<input type="checkbox"/>	5a) Nationality <input type="checkbox"/> Indian <input type="checkbox"/> Others (Please specify) .....
<input type="checkbox"/>	5b) Status <input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident <input type="checkbox"/> Foreign National
<input type="checkbox"/>	6a) PAN
<input type="checkbox"/>	6b) Unique Identification Number (UID) / Aadhaar, if any
<input type="checkbox"/>	7. Specify the proof of Identity submitted <input type="checkbox"/> PAN Card <input type="checkbox"/> Other (please specify).....

B. ADDRESS DETAILS	
<input type="checkbox"/>	1. Residence / Correspondence Address
	City/Town/Village
	State
	Country
	PIN Code
<input type="checkbox"/>	2. Specify the proof of address submitted for Residence/Correspondence Address
<input type="checkbox"/>	3. Contact Details
	Tel. (Off.) with STD Code
	Tel. (Res.) with STD Code
	Fax No. with STD Code
	Mobile No.
	Email ID
<input type="checkbox"/>	4. Permanent Address (if different from above or overseas address, Mandatory for Non-Resident Applicant)
	City/Town/Village
	State
	Country
	PIN Code

**C. 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.

Date          

Signature of the Applicant

**FOR OFFICE USE ONLY****In Person Verification (IPV) Details:**

Name of the person who has done the IPV: \_\_\_\_\_

Designation: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Name of the Organization: \_\_\_\_\_

Date of IPV: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature of the person who has done IPV \_\_\_\_\_

Seal/Stamp of the Intermediary

 Originals Verified and Self Attested Document copies received

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of the Authorised Signatory

**PART-I KNOW YOUR CLIENT (KYC) APPLICATION FORM (For Non-Individuals)**

Acknowledgement No. \_\_\_\_\_

**Jyoti Portfolio Private Limited**

CORPORATE OFFICE: B-78, 3rd Floor, Defence Colony, New Delhi-110024

 MCX NEW CHANGE REQUEST NCDEX


(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/CORRECTON** is required and provide the details in the corresponding row)

A. IDENTITY DETAILS									
<input type="checkbox"/>	1. Name of the Applicant								
<input type="checkbox"/>	2a. Date of incorporation <table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> 2b. Place of incorporation	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
<input type="checkbox"/>	3. Date of commencement of business <table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
<input type="checkbox"/>	4a) PAN								
<input type="checkbox"/>	4b) Registration No. (e.g. CIN)								
<input type="checkbox"/>	5. Status (please tick ✓ any one) <input type="checkbox"/> Private Limited Co. <input type="checkbox"/> Public Ltd. Co. <input type="checkbox"/> Body Corporate <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Charities <input type="checkbox"/> NGO's <input type="checkbox"/> FI <input type="checkbox"/> FII <input type="checkbox"/> HUF <input type="checkbox"/> AOP <input type="checkbox"/> Bank <input type="checkbox"/> Government Body <input type="checkbox"/> Non-Government Organization <input type="checkbox"/> Defense Establishment <input type="checkbox"/> BOI <input type="checkbox"/> Society <input type="checkbox"/> LLP <input type="checkbox"/> FPI-Category I <input type="checkbox"/> FPI-Category II <input type="checkbox"/> FPI-Category III <input type="checkbox"/> Others (Please specify) .....								

B. ADDRESS DETAILS	
<input type="checkbox"/>	1. Address for Correspondence City/Town/Village _____ PIN Code _____ State _____ Country _____
<input type="checkbox"/>	2. Specify the proof of address submitted for correspondence address
<input type="checkbox"/>	3. Contact Details Tel. (Off.) _____ with STD Code _____ Tel. (Res.) _____ with STD Code _____ Fax No. _____ with STD Code _____ Mobile No. _____ Email ID _____
<input type="checkbox"/>	4. Registered Address (if different from above) City/Town/Village _____ PIN Code _____ State _____ Country _____

C. OTHER DETAILS (If space is insufficient, enclose these details separately [Illustrative format enclosed on page no. 5-6])	
<input type="checkbox"/>	1. Name, PAN, residential address and photographs of Promoters/ Partners/Karta/Trustees and whole time directors:
<input type="checkbox"/>	2a. DIN of whole time directors
<input type="checkbox"/>	2b. Aadhaar number of Promoters/Partners/Karta

D. DECLARATION									
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.									
Date <table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	<input type="checkbox"/>  Name & Signature of the Authorised Signatory(ies)
D	D	M	M	Y	Y	Y	Y		

FOR OFFICE USE ONLY	
<b>In Person Verification (IPV) Details:</b> Name of the person who has done the IPV: _____ Designation: _____ Employee ID: _____ Name of the Organization: _____ Date of IPV: ____/____/____ Signature of the person who has done IPV _____	Seal/Stamp of the Intermediary
<input type="checkbox"/> Originals Verified and Self Attested Document copies received	Date ____/____/____ Signature of the Authorised Signatory

