



TradeWell

CLIENT REGISTRATION KIT

Sl. No. / Inward No.

Branch :..... Source:

Client Code :..... DP Code :

GENERAL INSTRUCTIONS TO THE CLIENTS (Issued in interest of the clients)

1. Please fillup and sign the KYC yourself.
2. Do not fillup the form in hurry or compulsion.
3. Please keep a photocopy of the document, before handing it over to our Branch/sub-broker.
4. Familiarize yourself with the rules, regulations, circulars, etc., issued by SEBI and the exchanges on a regular basis.
5. Please read all the mandatory and optional documents and understand them before signing the same.
6. In case you are dealing through sub-broker, please ensure that they are registered SEBI.
7. Do not give signed, blank DIS (Delivery Instruction Slip) to anybody.
8. Please read the documents carefully and understand the same. In case you need any clarifications on the contents of the document please contact our concerned branch / sub-broker.
9. Any changes in the information provided in this KYC need to be brought to the notice of TSL immediately, with necessary proofs / supporting documents.
10. Make a note of the Unique Client Code (UCC) and quote the same every time you place an order with dealer. Ensure you give Correct code to dealer at the time of placing your orders.
11. Give instructions to the dealer as clear as possible to avoid any problems of miscommunication. Do not give vague orders.
12. Make the payments for margins, pay-in within time specified. Make the payments from the same bank as mentioned in the KYC by way of account payee cheques in favour of TRADEWELL SECURITIES LIMITED only. Do not make cash payment as TSL do not accept cash.
13. Submit the deliveries only from the demat account mentioned in the KYC, as the Shares received from the third parties would be rejected. Do not give signed blank Delivery Instruction Slip.
14. Any discrepancies in the contract note and account statements should be brought to the notice of the branch officials immediately. Contact Head Office if the same is unresolved at the branch level.

TRADEWELL SECURITIES LIMITED

● Equities ● Derivatives ● Commodities ● Depository ● Currency ● Insurance ● Mutual Funds

CORPORATE MEMBER : THE NATIONAL STOCK EXCHANGE OF INDIA LTD. MEMBER ID : 12835,

CORPORATE MEMBER : BOMBAY STOCK EXCHANGE LTD, MEMBER ID : 3187

SEBI SINGLE REGISTRATION NUMBER : INZ000171936

DP ID No. : 12052700 DP Sebi Reg. No. IN-DP-CDSL-432-2007

Regd. Off.: D.No. 29-2-10/A, Ground Floor, Ramamandiram Street, Governorpet, Vijayawada - 520002.

Corp. Off.: Anushka Trendz Building, IInd Floor, Door No. 8-2-293/174/4/B/B, Plot No. 204, BN Reddy Colony, Road No. 14,

Banjara Hills, Hyderabad, 500 034, TS, India, Tel: +91-40-23541258, Fax: +91-40-23541256

Email: info@tradewellmail.com | URL: www.tradewell.in, Investor Grievance Email - ID : igtsl@tradewellmail.com

Instructions to the Applicants (Bos) for account opening

1. Signatures can be in English or Hindi or any of the other Languages contained in the 8th schedule of the Constitution of India. Thumb impressions and signatures other than the above mentioned Languages must be attested by a Magistrate or Notary Public or a Special Executive Magistrate / Special Executive Officer under his /her official seal.
2. Signatures should be preferably in black ink.
3. Details of the Names, Address and Telephone Number(s), etc., Of the Magistrate / Notary Public / Special Executive Magistrate / Special Executive Officer are to be provided in case of attestation done by them.
4. In case of additional signatures (for accounts other than Individuals), separate annexure should be attached to the account opening form.
5. In case applications containing a Power of Attorney, the relevant Power of Attorney or the self certified copy thereof, must be lodged along with the application.
6. All correspondence / queries shall be addressed to the first / sole applicant.
7. Strike off whichever option, in the account opening form, is not applicable.

INSTRUCTIONS/ CHECK LIST

1. Additional documents in case of trading in Derivatives segments - illustrative list:

Copy of ITR Acknowledgement	Copy of Annual Accounts
In case of salary income - Salary Slip, Copy of Form 16	Net worth certificate
Copy of demat account holding statement	Bank account statement for last 6 months
Any other relevant documents substantiating ownership of assets	with relevant supporting Self declaration documents

**In respect of other clients, documents as per risk management policy of the stock broker need to be provided by the client from time to time.*

2. Copy of cancelled cheque leaf / pass book/bank statement specifying name of the constituent, MICR Code or/and IFSC Code of the bank should be submitted.
3. Demat Client Master or recent holding statement issued by DP bearing name of the client.

4. For individuals:

- (a) Stock broker has an option of doing 'in-person' verification through web camera at the branch office of the stock broker/sub-broker's office.
- (b) In case of non-resident clients, employees at the stock broker's local office, overseas can do 'in-person' verification. Further, considering the infeasibility of carrying out 'In-person' verification of the non-resident clients by the stock broker's staff, attestation of KYC documents by Notary Public, Court, Magistrate, Judge, Local Banker, Indian Embassy / Consulate General in the country where the client resides may be permitted.

5. For non-individuals:

- (a) Form need to be initialized by all the authorized signatories.
- (b) Copy of Board Resolution or declaration (on the letterhead) naming the persons authorized to deal in securities on behalf of company/firm/others and their specimen signatures

**SET OF ACCOUNT OPENING DOCUMENT
TRADEWELL SECURITIES LIMITED**

SEBI REGISTRATION NO: INZ00171936

Multi Commodity Exchange of India Limited, Membership Number : 56265

Registered office address: **DNo.29-2-10/A,Ground Floor,Ramamandiram Street,Governorpet,Vijayawada-520002**

Ph: 9246399444 E-mail Id: info@tradewellmail.com Website: www.tradewell.in

Correspondence Office address: Flat no.204, Anushka Trendz, BN Reddy Colony,
Road No.14, Banjarahills,Hyderabad-500034

Ph: **040 - 23541258** Fax: **040 - 23541256** E-mail Id: info@tradewellmail.com Website: www.tradewell.in

Compliance officer name, phone no. & email id: Kota Srinivasa Rao,9246399444, srinivas@tradewellmail.com

CEO name, phone no. & email id: : Kota Srinivasa Rao, 9246399444, srinivas@tradewellmail.com

S. No	Name of the Document	Brief Significance of the Document	Page No.
MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI & EXCHANGES			
1	KYC (Account Opening) application form	KYC form - Document captures the basic information about the constituent and an instruction/check list	3-13
2	Uniform Risk Disclosure Document(RDD) and Additional Risk Disclosure documents for Options Trading	Document detailing risks associated with dealing in the commodities market	SEPERATE COPY FOR CLIENT
3	Rights and Obligations of Members, Authorized Persons and Clients	Document stating the Rights & Obligations of member, Authorized Person and client for trading on exchanges (including additional rights & obligations in case of internet/wireless technology based trading)	
4	Do's and Don'ts for the Investors	Document detailing do's and don'ts for trading on exchange, for the education of the investors	
5	Policies and Procedures	Document detailing significant policies and procedures of the commodity broker	
6	Tariff sheet	Document detailing the rate/amount of brokerage and other charges levied on the client for trading on the Commodity Exchange(s) and Tariff Sheet	14

VOLUNTARY DOCUMENTS AS PROVIDED BY THE MEMBER *

S.No	Name of the Document	Brief Significance of the Document	Page No.
7	Application Form to Activate Online Trading		15
8	Disclosure of Proprietary Trading by Tradewell Securites Ltd(TSL)		
9	Running Account Authorisation		16
10	Client Declaration - OPen Interest Position		17
11	Declaration for Mobile No.		18
12	Client Defaulter Declaration		
13	Consent for Transfer of Credits & Settlements for Intra/Inter Segment Inter Exchange		19
14	Form for registration and verificatikon of mobile number and Email address		20
15	Electronic Contract Note(ECN)-Declaration		21
16	Self Declaration		22-23

- For any grievance/dispute please contact member Tradewell Securities Limited at the above address or email ids - info@tradewellmail.com, igtst@tradewellmail.com and Phone No. 040 23541258. In case not satisfied with the response, please contact the concerned exchange(s) Website : MCX: www.mcxindia.com E-mail id: grievance@mcxindia.com and Phone No. +91-22-67318888)

 ② 
Signature of the Client

TRADEWELL SECURITIES LIMITED

Regd. Off.: D.No.29-2-10/A, Ground Floor, Rama Mandiram St., Governor pet, Vijayawada-520002

Corporate Office: Flat No.204, Anushka Trendz, BN Reddy Colony, Road No.14, Banjrahills, Hyderabad-500034

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual

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 (To be filled by financial institution)	Application Type*	<input type="checkbox"/> New	<input type="checkbox"/> Update
KYC Number		(Mandatory for KYC update request)	
Account Type*	<input type="checkbox"/> Normal	<input type="checkbox"/> Simplified (for low risk customers)	<input type="checkbox"/> Small

☐ 1. PERSONAL DETAILS (Please refer instruction A at the end)

Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)			
Maiden Name (If any*)			
Father / Spouse Name*			
Mother Name*			
Date of Birth*	DD - MM - YYYY		
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)		
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 Categorized		



Signature / Thumb Impression

☐ 2. TICK IF APPLICABLE ☐ RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)

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)* (Please refer instruction C at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

<input type="checkbox"/> A- Passport Number		Passport Expiry Date	DD - MM - YYYY
<input type="checkbox"/> B- Voter ID Card			
<input type="checkbox"/> C- PAN Card			
<input type="checkbox"/> D- Driving Licence		Driving Licence Expiry Date	DD - MM - YYYY
<input type="checkbox"/> E- UID (Aadhaar)			
<input type="checkbox"/> F- NREGA Job Card			
<input type="checkbox"/> Z- Others (any document notified by the central government)		Identification Number	
<input type="checkbox"/> S- Simplified Measures Account - Document Type code		Identification Number	

4. PROOF OF ADDRESS (PoA)*

☐ 4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)

(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	please specify	
	<input type="checkbox"/> Simplified Measures Account - Document Type code				

Address

Line 1*	
Line 2	
Line 3	
District*	
Pin / Post Code*	
City / Town / Village*	
State / U.T Code*	
ISO 3166 Country Code*	

<input type="checkbox"/> 4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction E at the end)					
<input type="checkbox"/> Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')					
Line 1*					
Line 2					
Line 3				City / Town / Village*	
District*		Pin / Post Code*		State / U.T Code*	ISO 3166 Country Code*
<input type="checkbox"/> 4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)					
<input type="checkbox"/> Same as Current / Permanent / Overseas Address details			<input type="checkbox"/> Same as Correspondence / Local Address details		
Line 1*					
Line 2					
Line 3				City / Town / Village*	
State*		ZIP / Post Code*		ISO 3166 Country Code*	
<input type="checkbox"/> 5. CONTACT DETAILS					
Tel. (Off)		Tel. (Res)		Mobile	
FAX		Email ID			
<input type="checkbox"/> 6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)					
<input type="checkbox"/> Addition of Related Person		<input type="checkbox"/> Deletion of Related Person		KYC Number of Related Person (if available*)	
Related Person Type*	<input type="checkbox"/> Guardian of Minor		<input type="checkbox"/> Assignee		<input type="checkbox"/> Authorized Representative
Name*	Prefix	First Name	Middle Name	Last Name	
(If KYC number and name are provided, below details of section 6 are optional)					
PROOF OF IDENTITY [PoI] OF RELATED PERSON* (Please see instruction (H) at the end)					
<input type="checkbox"/> A- Passport Number		Passport Expiry Date		DD - MM - YYYY	
<input type="checkbox"/> B- Voter ID Card					
<input type="checkbox"/> C- PAN Card					
<input type="checkbox"/> D- Driving Licence		Driving Licence Expiry Date		DD - MM - YYYY	
<input type="checkbox"/> E- UID (Aadhaar)					
<input type="checkbox"/> F- NREGA Job Card					
<input type="checkbox"/> Z- Others (any document notified by the central government)		Identification Number			
<input type="checkbox"/> S- Simplified Measures Account - Document Type code		Identification Number			
<input type="checkbox"/> 7. REMARKS (If any)(All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)					
8. APPLICANT DECLARATION					
<input checked="" type="checkbox"/> 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.					
<input checked="" type="checkbox"/> I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.					
Date :	DD - MM - YYYY	Place :		[Signature / Thumb Impression]	
				Signature / Thumb Impression of Applicant	
9. ATTESTATION / FOR OFFICE USE ONLY					
Documents Received <input type="checkbox"/> Certified Copies					
KYC VERIFICATION CARRIED OUT BY					
Date	DD - MM - YYYY				
Emp. Name					
Emp. Code					
Emp. Designation					
Emp. Branch					
		INSTITUTION DETAILS			
Name	TRADEWELL SECURITIES LTD				
Code	IN0150				
		[Institution Stamp]			

General Instructions:

- 1 Fields marked with '*' are mandatory fields.
- 2 Tick '✓' wherever applicable.
- 3 Self-Certification of documents is mandatory.
- 4 Please fill the form in English and in BLOCK Letters.
- 5 Please fill all dates in DD-MM-YYYY format.
- 6 Wherever state code and country code is to be furnished, the same should be the two-digit code as per Indian Motor Vehicle, 1988 and ISO 3166 country code respectively list of which is available at the end.
- 7 KYC number of applicant is mandatory for updation of KYC details.
- 8 For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.
- 9 In case of 'Small Account type' only personal details at section number 1 and 2, photograph, signature and self-certification required.

A Clarification / Guidelines on filling 'Personal Details' section

- 1 **Name:** Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.). The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- 2 Either **father's name or spouse's** name is to be mandatorily furnished. In case PAN is not available father's name is mandatory.

B Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India

- 1 **Tax identification Number (TIN):** TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number, and resident registration number)

C Clarification / Guidelines on filling 'Proof of Identity [PoI]' section

- 1 If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
- 2 Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.
- 3 In case of Simplified Measures Accounts for verifying the identity of the applicant, any one of the following documents can also be submitted and undernoted relevant code may be mentioned in point 3 (S).

Document Code	Description
01	Identity card with applicant's photograph issued by Central/ State Government Departments, Statutory/ Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, and Public Financial Institutions.
02	Letter issued by a gazetted officer, with a duly attested photograph of the person.

D Clarification / Guidelines on filling 'Proof of Address [PoA] - Current / Permanent / Overseas Address details' section

- 1 PoA to be submitted only if the submitted PoI does not have an address or address as per PoI is invalid or not in force.
- 2 State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- 3 In case of Simplified Measures Accounts for verifying the address of the applicant, any one of the following documents can also be submitted and undernoted relevant code may be mentioned in point 4.1.

Document Code	Description
01	Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill).
02	Property or Municipal Tax receipt.
03	Bank account or Post Office savings bank account statement.
04	Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.
05	Letter of allotment of accommodation from employer issued by State or Central Government departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies. Similarly, leave and license agreements with such employers allotting official accommodation.
06	Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India.

E Clarification / Guidelines on filling 'Proof of Address [PoA] - Correspondence / Local Address details' section

- 1 To be filled only in case the PoA is not the local address or address where the customer is currently residing. No separate PoA is required to be submitted.
- 2 In case of multiple correspondence / local addresses, Please fill '**Annexure A1**'

F Clarification / Guidelines on filling 'Contact details' section

- 1 Please mention two- digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
- 2 Do not add '0' in the beginning of Mobile number.

G Clarification / Guidelines on filling 'Related Person details' section

- 1 Provide KYC number of related person if available.

H Clarification / Guidelines on filling 'Related Person details – Proof of Identity [PoI] of Related Person' section

- 1 Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.

List of two – digit state / U.T codes as per Indian Motor Vehicle Act, 1988

State / U.T	Code	State / U.T	Code	State / U.T	Code
Andaman & Nicobar	AN	Himachal Pradesh	HP	Pondicherry	PY
Andhra Pradesh	AP	Jammu & Kashmir	JK	Punjab	PB
Arunachal Pradesh	AR	Jharkhand	JH	Rajasthan	RJ
Assam	AS	Karnataka	KA	Sikkim	SK
Bihar	BR	Kerala	KL	Tamil Nadu	TN
Chandigarh	CH	Lakshadweep	LD	Telangana	TS
Chattisgarh	CG	Madhya Pradesh	MP	Tripura	TR
Dadra and Nagar Haveli	DN	Maharashtra	MH	Uttar Pradesh	UP
Daman & Diu	DD	Manipur	MN	Uttarakhand	UA
Delhi	DL	Meghalaya	ML	West Bengal	WB
Goa	GA	Mizoram	MZ	Other	XX
Gujarat	GJ	Nagaland	NL		
Haryana	HR	Orissa	OR		

List of ISO 3166 two- digit Country Code

Country	Country Code	Country	Country Code	Country	Country Code	Country	Country Code
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Pierre and Miquelon	PM
Aland Islands	AX	Ecuador	EC	Liechtenstein	LI	Saint Vincent and the Grenadines	VC
Albania	AL	Egypt	EG	Lithuania	LT	Samoa	WS
Algeria	DZ	El Salvador	SV	Luxembourg	LU	San Marino	SM
American Samoa	AS	Equatorial Guinea	GQ	Macao	MO	Sao Tome and Principe	ST
Andorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic of	MK	Saudi Arabia	SA
Angola	AO	Estonia	EE	Madagascar	MG	Senegal	SN
Anguilla	AI	Ethiopia	ET	Malawi	MW	Serbia	RS
Antarctica	AQ	Falkland Islands (Malvinas)	FK	Malaysia	MY	Seychelles	SC
Antigua and Barbuda	AG	Faroe Islands	FO	Maldives	MV	Sierra Leone	SL
Argentina	AR	Fiji	FJ	Mali	ML	Singapore	SG
Armenia	AM	Finland	FI	Malta	MT	Sint Maarten (Dutch part)	SX
Aruba	AW	France	FR	Marshall Islands	MH	Slovakia	SK
Australia	AU	French Guiana	GF	Martinique	MQ	Slovenia	SI
Austria	AT	French Polynesia	PF	Mauritania	MR	Solomon Islands	SB
Azerbaijan	AZ	French Southern Territories	TF	Mauritius	MU	Somalia	SO
Bahamas	BS	Gabon	GA	Mayotte	YT	South Africa	ZA
Bahrain	BH	Gambia	GM	Mexico	MX	South Georgia and the South Sandwich Islands	GS
Bangladesh	BD	Georgia	GE	Micronesia, Federated States of	FM	South Sudan	SS
Barbados	BB	Germany	DE	Moldova, Republic of	MD	Spain	ES
Belarus	BY	Ghana	GH	Monaco	MC	Sri Lanka	LK
Belgium	BE	Gibraltar	GI	Mongolia	MN	Sudan	SD
Belize	BZ	Greece	GR	Montenegro	ME	Suriname	SR
Benin	BJ	Greenland	GL	Montserrat	MS	Svalbard and Jan Mayen	SJ
Bermuda	BM	Grenada	GD	Morocco	MA	Swaziland	SZ
Bhutan	BT	Guadeloupe	GP	Mozambique	MZ	Sweden	SE
Bolivia, Plurinational State of	BO	Guam	GU	Myanmar	MM	Switzerland	CH
Bonaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Namibia	NA	Syrian Arab Republic	SY
Bosnia and Herzegovina	BA	Guernsey	GG	Nauru	NR	Taiwan, Province of China	TW
Botswana	BW	Guinea	GN	Nepal	NP	Tajikistan	TJ
Bouvet Island	BV	Guinea-Bissau	GW	Netherlands	NL	Tanzania, United Republic of	TZ
Brazil	BR	Guyana	GY	New Caledonia	NC	Thailand	TH
British Indian Ocean Territory	IO	Haiti	HT	New Zealand	NZ	Timor-Leste	TL
Brunei Darussalam	BN	Heard Island and McDonald Islands	HM	Nicaragua	NI	Togo	TG
Bulgaria	BG	Holy See (Vatican City State)	VA	Niger	NE	Tokelau	TK
Burkina Faso	BF	Honduras	HN	Nigeria	NG	Tonga	TO
Burundi	BI	Hong Kong	HK	Niue	NU	Trinidad and Tobago	TT
Cabo Verde	CV	Hungary	HU	Norfolk Island	NF	Tunisia	TN
Cambodia	KH	Iceland	IS	Northern Mariana Islands	MP	Turkey	TR
Cameroon	CM	India	IN	Norway	NO	Turkmenistan	TM
Canada	CA	Indonesia	ID	Oman	OM	Turks and Caicos Islands	TC
Cayman Islands	KY	Iran, Islamic Republic of	IR	Pakistan	PK	Tuvalu	TV
Central African Republic	CF	Iraq	IQ	Palau	PW	Uganda	UG
Chad	TD	Ireland	IE	Palestine, State of	PS	Ukraine	UA
Chile	CL	Isle of Man	IM	Panama	PA	United Arab Emirates	AE
China	CN	Israel	IL	Papua New Guinea	PG	United Kingdom	GB
Christmas Island	CX	Italy	IT	Paraguay	PY	United States	US
Cocos (Keeling) Islands	CC	Jamaica	JM	Peru	PE	United States Minor Outlying Islands	UM
Colombia	CO	Japan	JP	Philippines	PH	Uruguay	UY
Comoros	KM	Jersey	JE	Pitcairn	PN	Uzbekistan	UZ
Congo	CG	Jordan	JO	Poland	PL	Vanuatu	VU
Congo, the Democratic Republic of the	CD	Kazakhstan	KZ	Portugal	PT	Venezuela, Bolivarian Republic of	VE
Cook Islands	CK	Kenya	KE	Puerto Rico	PR	Viet Nam	VN
Costa Rica	CR	Kiribati	KI	Qatar	QA	Virgin Islands, British	VG
Cote d'Ivoire Côte d'Ivoire	CI	Korea, Democratic People's Republic of	KP	Reunion Réunion	RE	Virgin Islands, U.S.	VI
Croatia	HR	Korea, Republic of	KR	Romania	RO	Wallis and Futuna	WF
Cuba	CU	Kuwait	KW	Russian Federation	RU	Western Sahara	EH
Curacao Curaçao	CW	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE
Cyprus	CY	Lao People's Democratic Republic	LA	Saint Barthelemy ÎSaint Barthélemy	BL	Zambia	ZM
Czech Republic	CZ	Latvia	LV	Saint Helena, Ascension and Tristan da Cunha	SH	Zimbabwe	ZW
Denmark	DK	Lebanon	LB	Saint Kitts and Nevis	KN		
Djibouti	DJ	Lesotho	LS	Saint Lucia	LC		
Dominica	DM	Liberia	LR	Saint Martin (French part)	MF		

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.



(Mandatory for KYC update request)

[illegible][illegible][illegible]

Signature / Thumb Impression of Applicant

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual | Related Person

Important Instructions:

- A) Fields marked with "*" are mandatory fields.
- B) Please fill the form in English and in BLOCK letters.
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- 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 of 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)

☐ 1. DETAILS OF RELATED PERSON (Please refer instruction G at the end)

☐ Addition of Related Person ☐ Deletion of Related Person

KYC Number of Related Person (if available*)

Related Person Type*

☐ Guardian of Minor

☐ Assignee

☐ Authorized Representative

Prefix

First Name

Middle Name

Last Name

Name*

(If KYC number and name are provided, below details of section 1 are optional)

PROOF OF IDENTITY (PoI) OF RELATED PERSON* (Please see instruction (H) at the end)

☐ A- Passport Number

Passport Expiry Date

☐ B- Voter ID Card

☐ C- PAN Card

☐ D- Driving Licence

Driving Licence Expiry Date

☐ E- UID (Aadhaar)

☐ F- NREGA Job Card

☐ Z- Others (any document notified by the central government)

Identification Number

☐ S- Simplified Measures Account - Document Type code

Identification Number

2. APPLICANT 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.

[Signature / Thumb Impression]

Date : Place :

Signature / Thumb Impression of Applicant

3. ATTESTATION / FOR OFFICE USE ONLY

Documents Received

☐ Certified Copies

KYC VERIFICATION CARRIED OUT BY

Date

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name

Code

[Institution Stamp]

KNOW YOUR CLIENT (KYC) APPLICATION FORM For Individuals

PHOTOGRAPH
Please affix your recent passport size photograph and sign across it

Please fill this form in **ENGLISH** and in **BLOCK LETTERS**.



A. IDENTITY DETAILS:

1. **Name of the Applicant:** _____

2. **Father's/ Spouse Name:** _____

3. **a. Gender:** ☐ Male ☐ Female **b. Marital status:** ☐ Single ☐ Married **c. Date of birth:** DD MM YYYY

4. **a. Nationality:** _____ **b. Status:** ☐ Resident Individual ☐ Non Resident ☐ Foreign National.

(If Non Resident / Foreign National, self-certified copy of statutory approval obtained must be attached)

5. **a. PAN:** _____ **b. Unique Identification Number (UID)/ Aadhaar, if available:** _____

c. Any other additional proof of identity: _____

B. ADDRESS DETAILS

(Proof of address must be different from the proof of identity submitted).

1. **Address for correspondence:** _____

City/ district /village: _____

Pin Code: _____ State: _____ Country: _____

2. **Contact Details:** Tel. (Off.) # _____ Tel. (Res.) # _____ Mobile : _____

Fax: _____ Email id: _____

3. **Specify the proof of address submitted for correspondence address:** _____

4. **Permanent Address** (if different from above): _____

City/district/village: _____

Pin Code: _____ State: _____ Country: _____

Tel. (Res.) # _____ Mobile No.: _____

Fax: _____ Email id: _____

5. **Specify the proof of address submitted for permanent address, if any:** _____

C. OTHER DETAILS

1. **Gross Annual Income Details (please specify):** Income Range per annum: Below Rs 1 Lac / 1-5 Lac /5-10 Lac / 10-25 Lac / >25 Lacs or

Net-worth as on (date) _____ (_____) (Net worth should not be older than 1 year)

2. **Occupation (please tick any one and give brief details):** Private Sector/ Public Sector/ Government

Service/Business/ Professional/ Farmer/ Others (Specify) _____

3. **Please tick, as applicable:** Politically Exposed Person (PEP)/ Related to a Politically Exposed Person (PEP) Not a Politically Exposed Person (PEP)/ Not Related to a Politically Exposed Person (PEP)

If you have a landline connection, kindly provide the same _____

D. BANK ACCOUNT(S) DETAILS

Bank Name	Branch Address	Bank Account No.	Account Type Saving/Current/ Others	MICR Number	IFSC Code

Note : Provide a copy of cancelled cheque leaf / pass book / bank statement specifying name of the client, MICR Code of and IFSC Code of the bank.



E. DEPOSITORY ACCOUNT(S) DETAILS, if available

Depository Participant Name	Depository Name (NSDL / CDSL)	Beneficiary Name	DP ID	Beneficiary ID (BO ID)

Note : Provide a copy of other Demat Master or a recent holding statement issued by DP bearing name of the client

F. TRADING PREFERENCES

Note: Provide a copy of relevant boxes against the Exchange with which you wish to trade. The Exchange not chosen should be struck off by the client.

Sl.No.	Name of the Exchanges	Segments	Date of Consent for Trading on concerned Exchange	Signature of the Client
1.	Multi Commodity Exchange of India Limited	Futures		⑧ 
2.	Multi Commodity Exchange of India Limited	Options		⑨ 

[In case of allowing a client for trading on any other Exchange at a later date, which is not selected now, a separate consent letter is required to be obtained by the Member from client and to be kept as enclosure with this document]

G. INVESTMENT/TRADING EXPERIENCE

- No Prior Experience
- _____ Years in Commodities
- _____ Years in other investment related fields

H. SALES TAX REGISTRATION DETAILS (As applicable, State wise)

- Local Sales Tax State Registration No. : _____
- Validity Date : _____
- Name of the State : _____
- Central Sales Tax Registration No : _____
- Validity Date : _____
- Other Sales Tax State Registration No. : _____
- Validity Date : _____
- Name of the State : _____

I. VAT DETAILS (As applicable, State wise)

- Local VAT Registration No. : _____
- Validity Date : _____
- Name of the State : _____
- Other VAT Registration No. : _____
- Name of the State : _____
- Validity Date : _____

J. PAST REGULATORY ACTIONS

Details of any action/proceedings initiated/pending/ taken by SEBI / Stock exchange / Commodity exchange/any other authority against the client during the last 3 years: _____

K. DEALINGS THROUGH OTHER MEMBERS

- If client is dealing through any other Member, provide the following details (in case dealing with multiple Members, provide details of all in a separate sheet containing all the information as mentioned below) :

Member's / Authorized Person (AP)'s Name: _____

Exchange: _____

Exchange's Registration number: _____

Concerned Member's Name with whom the AP is registered: _____

Registered office address: _____

_____ Ph: _____

Fax: _____ Email: _____

Website: _____ Client Code: _____

Details of disputes/dues pending from/to such Member/AP: _____

L. INTRODUCER DETAILS (optional)Name of the Introducer: _____
(Surname) (Name) (Middle Name)Status of the Introducer: Authorized Person/Existing Client/Others,
please specify _____ Address and phone no. of the Introducer : _____

Signature of the Introducer: _____

M. ADDITIONAL DETAILS

1. Whether you wish to receive communication from Member in electronic form on your Email-id [Yes / No]:
_____ {If yes then please fill in Appendix-A}
2. Whether you wish to receive Rights and obligation, Risk disclosure document and Do's and Dont's in Electronic form [Yes/No] _____

N. NOMINATION DETAILS☐ I/We wish to nominate ☐ I/ We do not wish to nominate

Name of the Nominee: _____

Relationship with the Nominee: _____

PAN of Nominee: _____ Date of Birth of Nominee: _____

Address and phone no. of the Nominee: _____

If Nominee is a minor, details of guardian: _____

Name of guardian: _____

Address and phone no. of Guardian: _____

Signature of guardian: _____

WITNESSES (only applicable in case the account holder has made nomination)

Name _____

Signature _____

Address _____

Name _____

Signature _____

Address _____

DECLARATION

1. I/We hereby declare that the details furnished above the true and correct to the best of my/our knowledge and behalf and I/We undertake to inform you of any change 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 hold liable for it.
2. I/We confirm having read/been explained and understood the contents of the tariff sheet and all voluntary/nonvoluntary documents.
3. I/we further confirm having read and understand the contents of the "Rights And Obligations" document(s), "Risk Disclosure Document", 'Do's and Dont's and Policies and Procedures. I/we do hereby agree to be bound by such provisions as outlined in these documents. I/we have also been informed that the standard set of documents has been displayed for information on Member's designated variable, if any.

Place _____

Date _____

⑫ 
Signature of the Client
FOR OFFICE USE ONLY

UCC Code allotted to the Client: _____

	Documents verified with Originals
Name of the Employee	
Employee Code	
Designation of the Employee	
Date	
Signature	

I / We undertake that we have made the client aware of tariff sheet and all the voluntary/non mandatory documents. I/We have also made the client aware of 'Rights and obligations' document(s), RDD, "Do's and Don'ts', Policies and procedures and Guidance Note. I/We have given/sent him a copy of all the KYC documents. I/We undertake that any change in the tariff sheet and all the voluntary/non mandatory documents would be duly intimated to the clients. I/We also undertake that any change in the 'Rights and obligations' RDD and Policies and procedures would be made available on my/our website, if any, for the information of the clients.

For TRADEWELL SECURITIES LIMITED

Date _____

IN PERSON VERIFICATION

Name of Employee : _____

Designation : _____

Date : _____ Place : _____

Signature of Employee : _____

BROKERAGE STRUCTURE (TARIFF FOR TRADING ACCOUNT)

Segment		Brokerage scheme	Trading:1st Leg	Same day square off	Delivery / Any day
Commodity Futures	%				
Commodity Options	Per(Lot)				

OTHER TARIFFS

Stamp Duty	As per State levies	Clearing Member (CM) charges	As applicable
Goods and Service Tax(GST)	As applicable	Delayed Payment charges	18% per annum
Transaction Charges	As applicable	Courier charges	As applicable
Commodity Transaction Tax (CTT)	As applicable	Any other levies	As applicable
SEBI Fees	As applicable	Inter-Settlement / Beneficiary to Pool Charges	Rs.12/-
Other Tariff charges are subject to change as per Central / State / Exchange / Clearing Member			
NOTE: TSL hereby states and informs that it undertakes proprietary trading in addition to client based trading.			

* GST charges and any other statutory charges will be charged additionally at applicable rates.

⑬

Signature of the Client

Application Form to Activate Online Trading- TSL (OPTIONAL)

Date:

TRADEWELL SECURITIES LIMITED**Flat No.204, Anushka Trendz,****BN Reddy Colony, Road No.14****Banjarahills, Hyderabad-500034.**

Dear Sir,

I wish to trade through the online trading platform. Therefore I request you to generate my username (Login Id & Password) for the following E-broking trading platform.

I confirm that my mobile number is_____.

I confirm that my email is_____

I also consent for E-broking username & Password, as also other communication from you not restricted to E-broking to be communicated on the above mentioned email address.

I confirm that I have read the below mentioned terms and conditions and agree to abide by the same.

Terms & Conditions for online trading through E-broking Platform:

The Client has permitted the Broker to provide online trading services through means of its E-Broking Platform. For this purpose the client has provided E-mail Id and the consent for communication of E-Broking user name and password through the email.

Now, therefore in consideration of the broker having agreed at its discretion to provide online trading through its E-broking Platform on the following terms and conditions:

The Broker shall generate the client's user id and password and communicate the same to the client registered email id and shall be deemed to be received by the client only and it is client's duty to ensure its confidentiality and secrecy unless the broker receives a rejection of the same or the same has bounced upon which the broker shall duly intimate the Client. If the Client wishes to change his email id, the client would send a request, the same would be effected on due certification.

If the Client to any reason is not to open the document delivered by the broker the delivery shall then be made by any other format, provided the client informs the broker within 24 hrs of the delivery of the said information. The same is applicable in case the E-broking platform gets locked, the client shall intimate the brokers through written letter or an email who shall reset the same.

⑭ 

Client Signature _____ Client Name _____ Client Code _____

Disclosure of Proprietary Trading by Tradewell Securities Limited(TSL)To,
Sir,

This is to inform you that we do client based trading and Pro-account trading in MULTY COMMODITY EXCHANGE OF INDIA LTD. (MCX)

Thanks and best regards.

Sd/
Authorised Signatory, Tradewell Securities Limited., Hyderabad

I acknowledge the receipt of information given above by that they do Client base trading and Pro-account trading.

Client Name :

[Note: To be signed by person himself/herself not to be signed by his/her attorney/authorised person etc.

RUNNING ACCOUNT AUTHORISATION**TRADEWELL SECURITIES LIMITED****Date:**

**Flat No.204, Anushka Trendz,
BN Reddy Colony, Road No.14
Banjarahills, Hyderabad-500034.**

Dear Sir / Madam,

I / We are dealing through you as a client in Commodity Derivatives Segment : In order to facilitate ease of operations and upfront requirement of margin for trade I /we authorize you as under:

- a) I / We request you to maintain running balance in my account & retain the credit balance in any of my /our account and to use the unused funds towards my / our margin / pay-in / other future obligation/s at any segment/s of any or all the Exchange/s unless I / we instruct you otherwise.
- b) I / We request you to retain securities with you for my /our margin / pay-in / other future obligation/s at any segment/s of any or all the Exchange/s unless I / we instruct you to transfer the same to my / our account.
- c) I / We agree to settle and / or request you to settle my fund and securities account once in every quarter or once in a month as below mentioned or such other higher period as allowed by SEBI / Commodity exchanges from time to time except the funds given towards collaterals / margin in form of Bank Guarantee and / or Fixed Deposit Receipt. I agree to settle my account and/or kindly settle my account, for funds and/or securities ☐Quarterly or ☐Monthly (If no check box is selected, Settlement will be done QUARTERLY)
- d) In case I / we have an outstanding obligation on the settlement date, you may retain the requisite securities / funds towards such obligations and may also retain the funds expected to be required to meet margin obligations for next five trading days, calculated in the manner specified by the exchanges.
- e) I / We confirm you that I will bring to your notice any dispute arising from the statement of account or settlement so made in writing within seven working days from the date of receipt of funds / securities or statement of account or statement related to it, as the case may be at your registered office. After that I / we shall have no right to dispute the transaction, funds and / or securities ever and agree that you shall not be liable for any incidental loss / damage caused due to retention of fund and / or securities. I/ We retain an amount 10,000/- (net amount across segment and across Commodity Exchanges.)
- f) I / We further agree and confirm that the powers and authorities conferred by this Authority shall be in force / continuous and the same can be revoked by me / us any time by giving adequate intimation in writing to TSL .
- g) I / We confirm you that I can revoke the above mentioned authority by giving 15 working days notice in writing to you.

Thanking you.

Yours Truly



Client Signature _____

Client Name _____

Client Declaration - Open Interest Position**TRADEWELL SECURITIES LIMITED****Flat No.204, Anushka Trendz,****BN Reddy Colony, Road No.14****Banjarahills, Hyderabad-500034.****Dear Sir,****Sub: My/our request for trading in commodity forward contracts/commodity derivatives on MCX as your client.**

I/we, the undersigned, have taken cognizance of circular No. MCX/338/2006 dated August 21, 2006 issued by Multi Commodity Exchange of India Ltd., (MCX) on the guidelines for calculation of net open positions permitted in any commodity and I/we hereby undertake to comply with the same.

I we hereby declare and undertake that we will not exceed the position limits prescribed from time to time by MCX or Forward Markets Commission and such position limits will be calculated in accordance with the contents of above stated circular issued by MCX or SEBI from time to time as may be applicable in this regard.

I/We undertake to inform you and keep you informed if I/any of our partners/directors/karta/trustee or any of the partnership firms/companies/HUF s//Trusts in which I or any of above such person is a partner/ director/karta/trustee, takes or holds any position in any commodity forward contract/ MCX through you or through any other member(s) of /MCX, to enable you to restrict our position limit as prescribed by the above referred circular of NCDEX as modified from time to time or in terms of circular issued by MCX or SEBI from time to time as may be applicable in this regard.

I/We confirm that you have agreed to enter orders in commodity forward contracts/commodity derivatives for me / us as your clients on MCX only on the basis of our above assurances and undertaking.

I/We further undertake to bear any liable / penalty / charges levied by exchange / SEBI.

Place :

①7

Client Signature _____ Client Name _____ Client Code _____

DECLARATION FOR MOBILE NO. (OPTIONAL)

I,having PAN No.....do hereby
declare that my mobile no. is..... . Further, I authorize that
the same may be used for giving me any information/alert/sms/call.

I further declare the above mentioned statement is true and correct.

⑱

Signature Of The Client Name : _____

Client Code :

Address :

Phone No.:

Date :

Verified by (to be done by)

Name of Employee.....

Signature.....

Date.....

(PMLA) CLIENT DEFAULTER DECLARATION (OPTIONAL)

Dated : _____

I, _____having

PAN No. _____

do hereby declare that I have not been involved in any terrorist activity and I have not been declared as defaulter or my name is not appearing in defaulter database as per SEBI/ Various Exchanges/ Regulatory Bodies/CIBIL (Credit Information Bureau of India Ltd.) etc.

I further declare that the above mentioned declaration/statement is true and correct.

⑲

Signature Of The Client: _____

Name :

Client Code :

Date :

[Note: To be signed by person himself/herself not to be signed by his/her attorney/authorised person etc.]

**CONSENT FOR TRANSFER OF CREDITS & SETTLEMENTS FOR INTRA/INTER SEGMENT INTER
EXCHANGE**

TRADEWELL SECURITIES LIMITED

Date:

Flat No.204, Anushka Trendz,

BN Reddy Colony, Road No.14

Banjarahills, Hyderabad-500034.

Dear Sir,

I / Weregistered with Tradewell Securities Ltd (TSL) as clients /

constituents on the NSE on Cash and / or Derivatives and / or Currency derivative and/or Mutual Fund segment(s) and/or MCX derivatives and having a Depository Account with TSL, member CDSL do hereby authorize you as under:

To move / transfer funds from any / all my / our account(s) and / or pay-outs resulting on account of sale of shares and securities and / or pay/outs due to settlement / closing of contracts and / or margin refunds from Cash and / or F&O and / or Currency Derivatives MCX Derivative segment(s) of BSE and / or NSE and/or MCX and adjust the same towards debit balances in any / all my / our accounts of Cash and / or F&O and / or Currency Derivatives segments of and/or Mutual Fund BSE and / or NSE and/or MCX derivative segments debit balances in depository account and / or any other debits and / or payments.

I / We also understand that this would save on banking and / or operational delays and cost towards transfer of funds between an account where I / we have a credit balance to an account where I / we have a debit balance. Further, you are authorized to do the transfer, either by passing a journal entry in your books of accounts of the respective section / department and / or by physical exchange of cheques.

I / We have affixed signatures herein below consenting to the above and the same shall be in force until I/we revoke it in writing.

Thank You.

Your's Truly,

 Signature:

Place:

Name/s:

Client Code:

FORM FOR REGISTRATION AND VERIFICATION OF MOBILE NUMBER AND EMAIL ADDRESS

Date:

TRADEWELL SECURITIES LIMITED**Flat No.204, Anushka Trendz,****BN Reddy Colony, Road No.14****Banjarahills, Hyderabad-500034.**

We/ I are/ am aware that and Bombay Stock Exchange of India Ltd. (BSE) / National Stock Exchange (NSE)/ Multi Commodity Exchange of India Limited(MCX) provides SMS/Email alerts to the constituents (Clients) of its member for trades executed on its platform. I/We hereby provide and confirm my/our mobile number and/or Email address as stated below for the purpose of receipt of SMS/Email alerts.

☐ I want to receive transaction alerts in SMS as well as Email from BSE / NSE / MCX☐ I want to receive transaction alerts only in SMS from BSE / NSE / MCX☐ I want to receive transaction alerts only in Email from BSE / NSE / MCX

The alerts should be sent on :

Mobile number (enter 10 digit mobile number):

--	--	--	--	--	--	--	--	--	--

Email Id:.....

We / I agree to the terms and condition specified by the Exchange in its circular no.
as modified from time to time. We / I are/am aware that the receipt of SMS / Email alerts on the above mobile number and/or email address can be stopped only on our / my written request.

Name of the Client:.....



Signature:.....

Client ID:.....

Electronic Contract Note (ECN) - DECLARATION**Date :****TRADEWELL SECURITIES LIMITED****Flat No.204, Anushka Trendz,****BN Reddy Colony, Road No.14****Banjarahills, Hyderabad-500034.****Dear Sir,**

I _____ a client with

Member M/s. Tradewell Securities Limited of MCX **Exchange** undertake as follows

1. I am aware that the Member has to provide physical contract note in respect of all the trades placed by me unless I myself want the same in the electronic form.
2. I am aware that the Member has to provide electronic contract note for my **convenience on my request only.**
3. Though the Member is required to deliver physical contract note. I find that it is inconvenient for me to receive physical contract notes. Therefore, I am voluntarily requesting for delivery of electronic contract note pertaining to all the trades carried out / ordered by me.
4. I have access to a computer and am a regular internet user, having sufficient knowledge of handling the email operations.
5. My email Id is _____
This has been created by me and not by someone else.
6. I am aware that this declaration form should be in English or any other Indian Language known to me.
7. I am aware that non-receipt of bounced mail notification by the member shall amount to delivery of the contract note at the above e-mail ID.
8. **The Authorization shall have a clause to the effect that any change in the email-id shall be communicated by the client through a physical letter to the broker. In respect of internet clients, the request for change of email id may be made through the secured access by way of client specific user id and password.**

The above declaration and the guidelines on ECN given in the Annexure have been read and understood by me. I am aware of the risk involved in dispensing with the physical contract note and do hereby take full responsibility for the same.

*(The email id must be written in own handwriting of the client.)

Client Name: _____



Unique Client Code: _____

Signature : _____

Address: _____

PAN: _____

Date: _____

Place: _____

For Tradewell Securities Limited

Sign verified by

SELF DECLARATION

To

Tradewell Securities Limited

Subject: Requirement to categorize the participants in Commodity Derivatives Market

I _____ (Name of the Client) having trading a/c number _____ (Please mention the Trading account number) have been trading/will be trading in the following commodity derivatives (please mention "Yes" in the table below):-

Category Description as per SEBI circular are as under:

1. **Farmers/FPOs:** It includes participants such as farmers, farmers cooperatives, Farmers Producers Organizations (FPOs) and such entities of like nature.
2. **Value Chain Participants (VCPs):** It includes participants such as Processors, Commercial users as Dal and Flour Millers, Importers, Exporters, Physical Market Trades, Stockists, Cash & Carry Participants, Producers, SMEs/MSMEs & Wholesalers etc., but exclude farmers/FPOs.
3. **Others:** All other participants which cannot be classified in the above categories.

Sr.No	Commodity	Yes/No	Category (please select the category for the commodity opted by you)
1	Aluminium		<input type="checkbox"/> Farmers/ Farmers Producers Organizations(FPOs) <input type="checkbox"/> Value Chain Participant <input type="checkbox"/> Others
2	Brass		<input type="checkbox"/> Farmers/ Farmers Producers Organizations(FPOs) <input type="checkbox"/> Value Chain Participant <input type="checkbox"/> Others
3	Cardamom		<input type="checkbox"/> Farmers/ Farmers Producers Organizations(FPOs) <input type="checkbox"/> Value Chain Participant <input type="checkbox"/> Others
4	Castorseed		<input type="checkbox"/> Farmers/ Farmers Producers Organizations(FPOs) <input type="checkbox"/> Value Chain Participant <input type="checkbox"/> Others
5	Copper		<input type="checkbox"/> Farmers/ Farmers Producers Organizations(FPOs) <input type="checkbox"/> Value Chain Participant <input type="checkbox"/> Others
6	CPO		<input type="checkbox"/> Farmers/ Farmers Producers Organizations(FPOs) <input type="checkbox"/> Value Chain Participant <input type="checkbox"/> Others
7	Crude Oil		<input type="checkbox"/> Farmers/ Farmers Producers Organizations(FPOs) <input type="checkbox"/> Value Chain Participant <input type="checkbox"/> Others

8	Gold		<input type="checkbox"/> Farmers/ Farmers Producers Organizations(FPOs) <input type="checkbox"/> Value Chain Participant <input type="checkbox"/> Others
9	Lead		<input type="checkbox"/> Farmers/ Farmers Producers Organizations(FPOs) <input type="checkbox"/> Value Chain Participant <input type="checkbox"/> Others
10	Menthaoil		<input type="checkbox"/> Farmers/ Farmers Producers Organizations(FPOs) <input type="checkbox"/> Value Chain Participant <input type="checkbox"/> Others
11	Natural Gas		<input type="checkbox"/> Farmers/ Farmers Producers Organizations(FPOs) <input type="checkbox"/> Value Chain Participant <input type="checkbox"/> Others
12	Nickel		<input type="checkbox"/> Farmers/ Farmers Producers Organizations(FPOs) <input type="checkbox"/> Value Chain Participant <input type="checkbox"/> Others
13	Pepper		<input type="checkbox"/> Farmers/ Farmers Producers Organizations(FPOs) <input type="checkbox"/> Value Chain Participant <input type="checkbox"/> Others
14	Rbdpmolein		<input type="checkbox"/> Farmers/ Farmers Producers Organizations(FPOs) <input type="checkbox"/> Value Chain Participant <input type="checkbox"/> Others
15	Silver		<input type="checkbox"/> Farmers/ Farmers Producers Organizations(FPOs) <input type="checkbox"/> Value Chain Participant <input type="checkbox"/> Others
16	Zinc		<input type="checkbox"/> Farmers/ Farmers Producers Organizations(FPOs) <input type="checkbox"/> Value Chain Participant <input type="checkbox"/> Others
17	Kapas		<input type="checkbox"/> Farmers/ Farmers Producers Organizations(FPOs) <input type="checkbox"/> Value Chain Participant <input type="checkbox"/> Others

Signature of the Client:  _____

Date: _____

**CHECKLIST OF DOCUMENTS NECESSARY FOR OPENING
THE ACCOUNT**

Sl.No.	Documents	Tick (✓)
1	Three Photographs of Client/Constituent signed across.	<input type="checkbox"/>
2	PAN Proof	<input type="checkbox"/>
3	Identity Proof (Please check that photograph & other details are clear and proof has not crossed its expiry Validity date, if any)	<input type="checkbox"/>
4	Address Proof (Please check that address and other details are clear & proof has not crossed its expiry Validity date. H any)	<input type="checkbox"/>
5	Bank proof containing name of client/constituent.	<input type="checkbox"/>
6	Copy of Holding/Transaction Statement / Client masters each of Client's existing depository account.	<input type="checkbox"/>
7	In Case of NRI a) Photocopy of permission letter issued by RBI / PIS permission letter from an authorised dealer b) Verified copy of proofs of both local as well as foreign address	<input type="checkbox"/> <input type="checkbox"/>
8	Cancelled cheque for MICR verification	<input type="checkbox"/>
9	Witnesses signatures are done wherever required on the documents	<input type="checkbox"/>

Documents check list for Individuals/HUF/NRI's

<p>#A. Proof of Identity</p> <ul style="list-style-type: none"> ❖ PAN card (mandatory) AND any one of the following ❖ Passport ❖ Voter ID card ❖ Driving License ❖ Unique Identification Number (UID) (Aadhaar) ❖ Identity card/ document with applicant's photo issued by <ul style="list-style-type: none"> a) Central / State Government and its departments. b) Statutory / Regulatory Authorities. c) Public Sector Undertakings. d) Scheduled Commercial Banks. e) Public financial institutions. f) Colleges affiliated to Universities. g) Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., To their Members. h) Credit card / Debit card issued by Banks. 	<p>B. Proof of Address</p> <ul style="list-style-type: none"> ❖ Ration card ❖ Passport ❖ Voter ID card ❖ Driving License ❖ Unique Identification Number (UID) (Aadhaar) ❖ Bank Passbook with latest entries or Bank statement (not more than three months old) ❖ A) Electricity Bill (not more than three months old) ❖ B) Residence Land Telephone Bill (not more than three months old) ❖ C) License agreement / Agreement for sale. ❖ Self- declaration by High court & Supreme Court Judges, giving the new address in respect of their own accounts. ❖ Identity card / document with address, issued by <ul style="list-style-type: none"> a) Central / State Government and its departments. b) Statutory / Regulatory Authorities. c) Public Sector Undertakings. d) Scheduled Commercial Banks. e) Public financial institutions. f) Colleges affiliated to Universities. g) Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., To their Members.
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10. All original documents shall be required for verification purposes at the time of submission of forms.
11. Please provide cancelled cheque for MICR verification.

12. BO Category	Additional Requirement
A) NRI or persons of Indian origin(NRI)	a) In case of a NRI opening BO a/c single or jointly with another NRI and / or resident Indian, a declaration by the first or sole NRI applicant who is eligible to invest on Repatriable basis in terms of FEMA notification No. 20/2000-RB dated 03-05-2002 together with a proof of residence outside India. b) Self Attested photocopy of the Passport including Visa Stamped Pages.
B) HUF	a) Name of the Karta if the account is opened in the name of a HUF. b) HUF Family Member's Details Declaration.

Compulsory as per SEBI, vide Circular No.: SMDRP / Policy / Cir-36/2000

