

**YOU MUST GROW
INDIA MUST GROW**

PRRSAAR COMMODITIES PVT. LTD.



☐ INDIVIDUAL
 ☐ CORPORATE
 ☐ HUF
 ☐ FIRM
 ☐ OTHERS

Client Name : _____
 UCC Code : _____
 Client ID : _____
 KRA Ref. No. : _____
 CKYC No. : _____
 Branch Name : _____
 Branch Code : _____
 RM Name : _____
 RM Emp. Code : _____
 UCC Date : _____
 Trading Mode : ☐ Online ☐ Offline
 UCC Segment : ☐ NSE ☐ BSE ☐ MSEI ☐ MCX ☐ NCDEX



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INDIA MUST GROW**

PRRSAAR COMMODITIES PVT. LTD.

(CIN : U74899DL1994PTC060025)

EXCHANGE	SEGMENT	MEMBER ID	SEBI REGN. NO.
NSE	CM, F&O, CURRENCY, COMMODITY	13457	INZ000027432
BSE	CM, F&O, CURRENCY, COMMODITY	6270	INZ000027432
MSEI	CM, F&O, CURRENCY	34200	INZ000027432
MCX	COMMODITY	10815	INZ000027432
NCDEX	COMMODITY	00536	INZ000027432

Depository Participant : CDSL • DP ID : 12091700

Registered Office :

17A/35, 2nd Floor, Punjabi Bagh West, New Delhi-110026

Ph. : 011-45350000-15 • Fax : 011-42466672

E-mail : info@prrsaar.com

Website : www.prrsaar.com

CEO Details

Name : Mr. Ved Parkash Gupta
Phone No. : 011-45350008
E-mail ID : vpg@prrsaar.com

Compliance Officer's Details

Name : Mr. Ravi Kant
Phone No. : 011-45350017
Mobile : 9311115751
E-mail ID : ravikant@prrsaar.com

For any grievance/dispute please contact Prrsaar Commodities Pvt. Ltd. at the above address or email - grievance@prrsaar.com and Phone No. +91-11-45350000. In case not satisfied with the response, please contact the concerned exchange(s) at

Exchange Name	E-mail ID	Phone No.
National Stock Exchange of India Ltd. (NSE)	ignse@nse.co.in	022-26589190, 18002660058
Bombay Stock Exchange Ltd. (BSE)	is@bseindia.com	022-22728097
Metropolitan Stock Exchange of India Ltd. (MSEI)	investorcomplaints@msei.in	022-61129028
Multi Commodity Exchange of India Ltd. (MCX)	grievance@mcxindia.com	022-67318888
National Commodity & Derivatives Exchange Ltd. (NCDEX)	askus@ncdex.com	022-66406084
Central Depository Services (India) Ltd.	complaints@cdslindia.com	022-22723333, 18002005533

You can file your complaints online at <https://scores.sebi.gov.in/> or alternately send your complaints to Office of Investor Assistance and Education of S EBI at Mumbai or Regional Offices:

For more information visit our website - <https://scores.sebi.gov.in/>

Filing of complaints on SCORES – Easy & quick

- Register on SCORES portal
- Mandatory details for filing complaints on SCORES: Name, PAN, Address, Mobile Number, Email ID
- Benefits
 - Effective communication
 - Speedy redressal of the grievances

SCORES website: <https://scores.sebi.gov.in/scores/Welcome.html>

ACKNOWLEDGEMENT TO PRRSAAR COMMODITIES PVT. LTD. FROM CLIENT

To,

Prrsaar Commodities Pvt. Ltd.

17A/35, 2nd Floor, Punjabi Bagh West,
New Delhi-110026

Date: _____

I/We intend to open a Trading account with you M/s. Prrsaar Commodities Pvt. Ltd. herein after called 'Member' who is Member of NSE BSE, MSEI, MCX, NCDEX acknowledge as follows:

1. I/We have been duly made aware by Member that client has a preference to receive the below mentioned documents either in electronic form or in physical form:
 - A. Right and Obligations of Stock Brokers and Clients
 - B. Internet and Wireless technology based trading facility provided by Stock Brokers to Client
 - C. Risk and Disclosure document for capital market, derivative, currency & commodity segments
 - D. Guidance note-Do's and Don't for trading on the Exchange(s) for Clients/Investors
 - E. Policies & Procedures
 - F. Other disclosure/ documents as agreed by me/us specifically in voluntary segment.
2. I/We am/are further made aware by Member that for receiving the above said documents in Electronic or Physical Form, I/We have to accord my/our consent.
3. Therefore, in reference to the above, I/We hereby voluntarily accord my/our consent to receive the aforesaid documents in:-
☐ Electronic Form ☐ Physical Form
4. If I/We opted for the same in Electronic mode, then Member can send said aforesaid documents at my registered email id.
5. I/We have been further made aware by my/our Member that the aforesaid documents has also been available at the Member's website i.e. www.prrsaar.com
6. I/We am/are made aware that the non receipt of bounced mail notification by the Member shall amount to delivery of the aforesaid documents at my registered email id.
7. I/We hereby accord my/our consent to an arbitration agreement by virtue of which I/We shall refer all my/our claims, differences or disputes between us which might have arise out of my/our trading, deposits, margin money, etc. in relation to my/our dealings in contracts and transactions which have been made subject to the Bye-Laws, Rules and Regulations of the Exchange or with reference to anything incidental thereto or in pursuance thereof or relating to their validity, construction, interpretation, fulfillment or the rights, obligations and liabilities of the parties thereto and including any question of whether such dealings, transactions and contracts have entered into, to the arbitration in accordance with the provisions of these Byelaws, Rules and Regulations of the Exchanges and SEBI.

 1

Client Signature

Client Name: _____

----- (Tear Here) -----

RECEIPT OF PHYSICAL KIT

To,

Prrsaar Commodities Pvt. Ltd.

17A/35, 2nd Floor, Punjabi Bagh West, New Delhi-110026

Date: _____

I/We hereby confirm that I/We have received a copy of following documents:

- A. Right and Obligations of Stock Brokers and Clients
- B. Internet and Wireless technology based trading facility provided by Stock Brokers to Clients
- C. Risk and Disclosure document for capital market, derivative, currency & commodity segments
- D. Guidance note-Do's and Don't for trading on the Exchange(s) for Clients/Investors
- E. Policies & Procedures
- F. Other disclosure/ documents as agreed by me/us specifically in voluntary segment.
- G. Executed copy of the Account Opening Kit.

 2

Client Signature

Client Name: _____

----- (Tear Here) -----

ANNEXURE - 1
ACCOUNT OPENING KIT

Mandatory

INDEX OF DOCUMENTS

MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI & EXCHANGES

S.No.	Name of the Document	Brief Significance of the Document	Page No.
1.	Account Opening Form	A. KYC Form - Document captures the basic information about the constituent and an instruction / check list.	1 - 2
		B. Document captures the additional information about the constituent relevant to trading account and an instruction / check list.	3 - 8
2.	Rights and Obligations	Document stating the Rights & Obligations of stock broker/ commodity broker/trading member, authorised person (AP) and client for trading on exchanges (including additional rights & obligations in case of internet/wireless technology based trading).	Given to the Client with Welcome Kit
3.	Risk Disclosure Document (RDD)	Document detailing risks associated with dealing in the securities/commodities market.	
4.	Guidance Note	Documents detailing do's and don'ts for trading on exchange, for the education of the investors.	
5.	Policies and Procedures	Document describing significant policies and procedure of the stock/commodity broker.	9
6.	Tariff Sheet	Document detailing the rate / amount of brokerage and other charges levied on the client for trading on the stock/commodity exchange(s)	
7.	Disclosure Information for Pro-Trading	Disclosure Information for Proprietary Trading/Business (Pro-Trading)	9

VOLUNTARY DOCUMENTS AS PROVIDED BY THE STOCK BROKER

S.No.	Name of the Document	Brief Significance of the Document	Page No.
1.	Running Account Authorisation	Helps the client to enjoy exposures linked to the credit in the trading account	10
2.	Electronic Contract Note	Consent for receiving ECN & E-Documents	11
3.	Letter of Authority	To enable the trading member to act upon the clauses mentioned in the letter of authority	12
4.	For Registration and Verification of Mobile Number and E-mail Address	For Registration and Verification of Mobile No. and E-mail Address	13
5.	Request for Trading in All Stock / Commodity Contracts of NSE/BSE/MSEI/MCX/NCDEX	Request for Trading in All Stock / Commodity Contracts of NSE/BSE/MSEI/MCX/NCDEX	14
6.	FATCA & CRS Declaration	FATCA & CRS Declaration for Individual	15

INSTRUCTIONS / CHECK LIST FOR FILLING KYC FORM

A. IMPORTANT POINTS:

- Self attested copy of PAN card is mandatory for all clients.
- Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the below mentioned list.
- If any proof of identity or address is in a foreign language, then translation into English is required.
- Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
- If correspondence & permanent address are different, then proofs for both have to be submitted.
- Sole proprietor must make the application in his individual name & capacity.
- For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIO Card/OCI Card and overseas address proof is mandatory.
- For foreign entities, CIN is optional; and in the absence of DIN no. for the directors, their passport copy should be given.
- In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
- For opening an account with Depository Participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark Sheet issued by Higher Secondary Board/Passport of Minor/Birth Certificate must be provided.
- Politically Exposed Persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.

B. Proof of Identity (POI) :- List of documents admissible as Proof of Identity:

- PAN card with photograph. This is mandatory requirement for all applicants except those who are specifically exempt from obtaining PAN (listed in Section D)
- Unique Identification Number (UID) (Aadhaar)/ Passport/ Voter ID card/ Driving license.
- Identity card/ document with applicant's Photo, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members; and Credit cards/Debit cards issued by Banks.

C. Proof of Address (POA) :- List of documents admissible as Proof of Address: (*Documents having an expiry date should be valid on the date of submission.)

- Passport/ Voters Identity Card/ Ration Card/ Registered Lease or Sale Agreement of Residence/ Driving License/ Flat Maintenance bill/ Insurance Copy.
- Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill - Not more than 3 months old.
- Bank Account Statement/Passbook - Not more than 3 months old.
- Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts.
- Proof of address issued by any of the following: Bank Managers of Scheduled Commercial Banks/Scheduled Co-Operative Bank/Multinational Foreign Banks/Gazetted Officer/Notary public/Elected representatives to the Legislative Assembly/ Parliament/ Documents issued by any Govt. or Statutory Authority.
- Identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members.
- For FII/sub account Power of Attorney given by FII/sub account to the Custodians (which are duly notarized and/or apostilled or consularised) that gives the registered address should be taken.
- The proof of address in the name of the spouse shall be acceptable, subject to the submission of proof of relationship alongwith the same.

D. Exemptions/clarifications to PAN

(*Sufficient documentary evidence in support of such claims to be collected.)

- In case of transactions undertaken on behalf of Central Government and/or State Government and by officials appointed by Courts e.g. Official liquidator, Court receiver etc.
- Investors residing in the state of Sikkim.
- UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.
- SIP of Mutual Funds upto Rs 50, 000/- p.a.

- In case of institutional clients, namely, FIIs, MFs, VCFs, FVCIs, Scheduled Commercial Banks, Multilateral and Bilateral Development Financial Institutions, State Industrial Development Corporations, Insurance Companies registered with IRDA and Public Financial Institution as defined under section 4A of the Companies Act, 1956, Custodians shall verify the PAN card details with the original PAN card and provide duly certified copies of such verified PAN details to the intermediary.

E. List of people authorized to attest the documents:

- Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/ Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
- In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy /Consulate General in the country where the client resides are permitted to attest the documents.

F. In case of Non Individuals additional documents to be obtained from non-individuals over & above the POI & POA, as mentioned below :

Types of entity	Documentary Requirements
Corporate	<ul style="list-style-type: none"> Copy of the balance sheets for the last 2 financial years (to be submitted every year). Copy of latest share holding pattern including list of all those holding control, either directly or indirectly, in the company in terms of SEBI takeover Regulations, duly certified by the company secretary/Whole time director/MD (to be submitted every year). Photograph, POI, POA, PAN and DIN numbers of whole time directors/two directors in charge of day to day operations. Photograph, POI, POA, PAN of individual promoters holding control-either directly or indirectly. Copies of the Memorandum and Articles of Association and certificate of incorporation. Copy of the Board Resolution for investment in securities market. Authorised signatories list with specimen signatures.
Partnership Firm	<ul style="list-style-type: none"> Copy of the balance sheets for the last 2 financial years (to be submitted every year). Certificate of registration (for registered partnership firms only). Copy of partnership deed. Authorised signatories list with specimen signatures. Photograph, POI, POA, PAN of Partners.
Trust	<ul style="list-style-type: none"> Copy of the balance sheets for the last 2 financial years (to be submitted every year). Certificate of registration (for registered trust only). Copy of Trust deed. List of trustees certified by managing trustees/CA. Photograph, POI, POA, PAN of Trustees.
HUF	<ul style="list-style-type: none"> PAN of HUF. Deed of declaration of HUF/ List of coparceners. Bank pass-book/bank statement in the name of HUF. Photograph, POI, POA, PAN of Karta.
Unincorporated association or a body of individuals	<ul style="list-style-type: none"> Proof of Existence/Constitution document. Resolution of the managing body & Power of Attorney granted to transact business on its behalf. Authorized signatories list with specimen signatures.
Banks/ Institutional Investors	<ul style="list-style-type: none"> Copy of the constitution/registration or annual report/balance sheet for the last 2 financial years. Authorized signatories list with specimen signatures.
Foreign Institutional Investors (FII)	<ul style="list-style-type: none"> Copy of SEBI registration certificate. Authorized signatories list with specimen signatures.
Army/ Government Bodies	<ul style="list-style-type: none"> Self-certification on letterhead. Authorized signatories list with specimen signatures.
Registered Society	<ul style="list-style-type: none"> Copy of Registration Certificate under Societies Registration Act. List of Managing Committee members. Committee resolution for persons authorised to act as authorised signatories with specimen signatures. True copy of Society Rules and Bye Laws certified by the Chairman/Secretary.

INSTRUCTIONS / CHECK LIST (for filling additional information related to trading account)

- Additional documents in case of trading in derivatives segments - illustrative list :

<ul style="list-style-type: none"> Copy of ITR Acknowledgement Copy of Annual Accounts In case of salary income - Salary Slip, Copy of Form 16 	<ul style="list-style-type: none"> Net Worth Certificate Copy of Demat account holding statement. Bank account statement for last 6 months 	<ul style="list-style-type: none"> Any other relevant documents substantiating ownership of assets. Self declaration with relevant supporting documents.
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- 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.
- Demat master or recent holding statement issued by DP bearing name of the client.
- For individuals:
 - 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.
 - 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.
- For non-individuals:
 - Form need to be initialized by all the authorized signatories.
 - 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.

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	<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="text"/> (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)

<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	
Maiden Name (If any*)	<input type="text"/>	
Father's / Spouse Name*	<input type="text"/>	
Mother's Name*	<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"/> <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 (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*	<input type="text"/> <input type="text"/>
Tax Identification Number or equivalent (If issued by jurisdiction)*	<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="text"/>
Place / City 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"/> <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"/>
ISO 3166 Country Code of Birth*	<input type="text"/> <input type="text"/>

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	<input type="text"/>	Passport Expiry Date	<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"/> 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="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"/> 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"/>

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"/> Others <input type="text"/> please specify <input type="text"/>	
	<input type="checkbox"/> Voter Identity Card	<input type="checkbox"/> NREGA Job Card			
	<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"/>	City / Town / Village* <input type="text"/>
	Pin / Post Code* <input type="text"/>	State <input type="text"/> Country <input type="text"/>

☐ 4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction E at the end)

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

Line 1*	
Line 2	
Line 3	
District*	Pin / Post Code* State Country

☐ 4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)

☐ Same as Current / Permanent / Overseas Address details

☐ Same as Correspondence / Local Address details

Line 1*	
Line 2	
Line 3	
State*	City / Town / Village* ZIP / Post Code* ISO 3166 Country Code*

☐ 5. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

Tel. (Off)		Tel. (Res)		Mobile	
FAX		Email ID		Website	

☐ 6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1') (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

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	
<input type="checkbox"/> B- Voter ID Card			
<input type="checkbox"/> C- PAN Card			
<input type="checkbox"/> D- Driving Licence		Driving Licence Expiry Date	
<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	

☐ 7. REMARKS (If any)

8. APPLICANT DECLARATION

- I hereby declare that the KYC details furnished by me are true and correct to the best of my knowledge and belief and I under-take 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 KRA/CERSAI (CKYC) through SMS/Email on the above registered number/Email address.
- I am also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I hereby consent to sharing my masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only.

3

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

Date : Place :

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☒ Certified Copies ☒ IPV Done

KYC / IN-PERSON VERIFICATION CARRIED OUT BY

Date	
Emp. Name	
Emp. Code	
Emp. Designation	
Emp. Branch	

[Employee Signature]

INSTITUTION DETAILS

Name	Prrsaar Commodities Pvt. Ltd.
Code	

[Institution Stamp]

Important Instructions:

- A) Fields marked with '*' are mandatory fields.
 B) Tick '✓' wherever applicable.
 C) Please fill the date in DD-MM-YYYY format.
 D) Please fill the form in English and in BLOCK letters.
 E) KYC number of applicant is mandatory for update application.
- F) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
 G) List of two character ISO 3166 country codes is available at the end.
 H) Please read section wise detailed guidelines / instructions at the end.
 I) 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*

☐ New☐ Update

KYC Number

(Mandatory for KYC update request)

☐ **1. ENTITY DETAILS*** (Please refer instruction A at the end)☐ Name*

Entity Constitution Type*

☐

Others (Specify)

(Please refer instruction B at the end)

Date of Incorporation / Formation*

Date of Commencement of Business

Place of Incorporation / Formation*

Country of Incorporation / Formation*

TIN or Equivalent Issuing Country

PAN*

☐

Form 60 furnished

TIN / GST Registration Number

☐ **2. PROOF OF IDENTITY (Pol)*** (Please refer instruction B at the end)☐ Officially void document(s) in respect of person authorised to transact☐ Certificate of Incorporation / Formation

☐ Registration Certificate

Regn. Certificate No.

☐ Memorandum and Articles of Association☐ Partnership Deed☐ Trust Deed☐ Resolution of Board / Managing Committee☐ Power or attorney granted to its manager, officers or employees to transact on its behalf☐ Activity Proof - 1 (For Sole Proprietorship Only)☐ Activity Proof - 2 (For Sole Proprietorship Only)☐ **3. ADDRESS*** (Please refer instruction C at the end)

3.2 Local Address in India (If different from Above)*

Proof of Address*

☐ Certificate of Incorporation / Formation☐ Registration Certificate☐ Other Document

Line 1*

Line 2

Line 3

District

Pin / Post Code*

State / U.T. Code*

ISO 3166 Country Code*

3.1 Registered Office Address / Place of Business*

Line 1*

Line 2

Line 3

District

Pin / Post Code*

State / U.T. Code*

ISO 3166 Country Code*

☐ **4. CONTACT DETAILS** (All communication will be sent to Mobile number / E-mail ID provided may be used) (Please refer instruction D at the end)

Tel. (Off)

FAX

Mobile

Email ID

Mobile

Email ID

☐ **5. NUMBER OF RELATED PERSONS**

(Please refer instruction E at the end)

[illegible]

- 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/we am/are aware that I/we may be held liable for it.
- I/We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Signature / Thumb Impression of Applicant

[illegible]

Documents Received ☐ Certified Copy ☐ Equivalent e-document

INSTITUTION DETAILS

Name **Prrsaar Commodities Pvt. Ltd.**

[illegible]

ANNEXURE

Name, PAN, Residential Address and photographs of Promoters/Partners/Karta/Trustees and Wholetime/Other Directors :

1.	Name		Photographs of Promoters / Partners / Karta / Trustees / Wholetime / Other Directors & authorised signatories
Date of Birth	dd / mm / yyyy	Status	
Residential Address			
DIN	UID	DPIN	
Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/Wholetime/Other Directors: <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP) <input type="checkbox"/> Not a Politically Exposed Person (PEP) <input type="checkbox"/> Not Related to a Politically Exposed Person (PEP)			

2.	Name		Photographs of Promoters / Partners / Karta / Trustees / Wholetime / Other Directors & authorised signatories
Date of Birth	dd / mm / yyyy	Status	
Residential Address			
DIN	UID	DPIN	
Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/Wholetime/Other Directors: <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP) <input type="checkbox"/> Not a Politically Exposed Person (PEP) <input type="checkbox"/> Not Related to a Politically Exposed Person (PEP)			

3.	Name		Photographs of Promoters / Partners / Karta / Trustees / Wholetime / Other Directors & authorised signatories
Date of Birth	dd / mm / yyyy	Status	
Residential Address			
DIN	UID	DPIN	
Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/Wholetime/Other Directors: <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP) <input type="checkbox"/> Not a Politically Exposed Person (PEP) <input type="checkbox"/> Not Related to a Politically Exposed Person (PEP)			

4.	Name		Photographs of Promoters / Partners / Karta / Trustees / Wholetime / Other Directors & authorised signatories
Date of Birth	dd / mm / yyyy	Status	
Residential Address			
DIN	UID	DPIN	
Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/Wholetime/Other Directors: <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP) <input type="checkbox"/> Not a Politically Exposed Person (PEP) <input type="checkbox"/> Not Related to a Politically Exposed Person (PEP)			

5.	Name		Photographs of Promoters / Partners / Karta / Trustees / Wholetime / Other Directors & authorised signatories
Date of Birth	dd / mm / yyyy	Status	
Residential Address			
DIN	UID	DPIN	
Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/Wholetime/Other Directors: <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP) <input type="checkbox"/> Not a Politically Exposed Person (PEP) <input type="checkbox"/> Not Related to a Politically Exposed Person (PEP)			

Date	D	D	M	M	Y	Y	Y	Y
------	---	---	---	---	---	---	---	---

Name & Signature of the Authorised Signatory(ies)

TRADING ACCOUNT RELATED DETAILS

(For Individuals & Non-Individuals)

ANNEXURE-3**A. OTHER DETAILS**

- Gross Annual Income Details : Income Range per annum : ☐ Upto Rs. 1 Lac ☐ Rs. 1 Lac to 5 Lac
(please specify) ☐ Rs. 5 Lac to 10 Lac ☐ Rs. 10 Lac to 25 Lac ☐ Rs. 25 Lac to 1 Crore ☐ >1 Crore
- OR**
Net Worth : Amount Rs. as on (date)/...../.....
(Net worth should not be older than 1 year) (Compulsory for Non-Individuals)
- Occupation : ☐ Private Sector ☐ Public Sector ☐ Business ☐ Government Service ☐ Professional
(please tick any one and give brief details) ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Others _____ Pl.Specify
- Nature of Business : ☐ Manufacturing ☐ Services ☐ Consultancy ☐ Others _____ Pl.Specify
- Please tick, if 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)
- Any other information :

B. BANK ACCOUNT(S) DETAILS






Bank Name	Branch Address	Bank Account No.	Account Type	MICR Number	IFSC Code
			<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others..... In case of NRI: <input type="checkbox"/> NRE <input type="checkbox"/> NRO		

C. DEPOSITORY ACCOUNT(S) DETAILS

Depository Participant Name	Depository Name	Beneficiary Name	DP ID	Beneficiary ID (BO ID)							
	<input type="checkbox"/> NSDL										
Prrsaar Commodities Pvt. Ltd.	<input type="checkbox"/> CDSL		12091700								
	<input type="checkbox"/> COMRIS										
	<input type="checkbox"/> NERL										

D. TRADING PREFERENCES

*Please sign in the relevant boxes where you wish to trade. Please strike off the segment not chosen by you.

Exchanges	NSE, BSE & MSEI				MCX, NCDEX BSE & NSE
All Segments	Cash/Mutual Fund	F&O	Currency	Debt	Commodity Derivatives
					

If you do not wish to trade in any of segments / Mutual Fund, please mention here _____

E. GST REGISTRATION DETAILS (AS APPLICABLE, STATEWISE)

Local GST Registration No.		Validity Date	
Name of the State			
Other GST Registration No.		Validity Date	
Name of the State			

F. PAST ACTIONS

Details of any action/proceedings initiated/pending/ taken by SEBI/ Stock exchange/any other authority against the applicant/constituent or its Partners/promoters/whole time directors/authorized persons in charge of dealing in securities during the last 3 years :

G. DEALINGS THROUGH AUTHORISED PERSON (AP) AND OTHER STOCK BROKERS

If client is dealing through the Authorised Person, provide the following details:			
Authorised Person's Name			
SEBI No. (if any)			
Registered office address (if any)			
Ph.		Fax	
		Website	
Whether dealing with any other stock broker/AP (if case dealing with multiple stock brokers/AP, provide details of all)			
Name of stock broker			
Name of AP, if any			
Client Code		Exchange	
Details of disputes/dues pending from/to such stock broker/AP			

H. ADDITIONAL DETAILS

Whether you wish to receive physical contract note or Electronic Contract Note (ECN) (please specify)	<input type="checkbox"/> Physical Contract Notes <input type="checkbox"/> Electronic Contract Note (ECN)
I/We wish to avail facility provided by the exchange	<input type="checkbox"/> SMS Alert <input type="checkbox"/> E-mail Alert <input type="checkbox"/> Both
In case of ECN/E-mail alert pl. specify your Email id	
In case of SMS alert, please specify you Mobile No.	
Whether you wish to avail of the facility of internet trading/ wireless technology (please specify)	
Number of years of Investment/Trading Experience	
In case of non-individuals, name, designation, PAN, UID, signature, residential address and photographs of persons authorized to deal in securities on behalf of company/firm/others:	
Any other information	

I. INTRODUCER DETAILS (optional)

Name of the introducer	
Status of the Introducer	<input type="checkbox"/> Sub Broker <input type="checkbox"/> Remisier <input type="checkbox"/> Auth. Person <input type="checkbox"/> Existing Client <input type="checkbox"/> Others_____
Address and Phone No. of the Introducer	
Sign. of the Introducer	

NOMINATION FORM*(To be filled in by individual applying singly or jointly)*

DATE	D	D	M	M	Y	Y	Y	Y	UCC							
DP ID									Client ID							

I/We wish to make a nomination. [As per details given below]


NOMINATION DETAILS

I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all securities held in the Depository by me/us in the said beneficiary owner account in the event of my / our death.

Nomination can be made upto three nominees in the account		Details of 1st Nominee	Details of 2nd Nominee	Details of 3rd Nominee
1.	Name of the nominee(s) Mr./Ms.)	Mandatory		
2.	Share of each Nominee Equally <small>[If not equally, please specify percentage]</small>	Mandatory %	%	%
Any odd lot after division shall be transferred to the first nominee mentioned in the form.				
3.	Relationship with the Applicant (if any)	Mandatory		
4.	Address of Nominee(s) City / Place State / Country PIN Code			
5.	Mobile/Telephone No. of Nominee(s)			
6.	Email ID of nominee(s)			
7.	Nominee Identification details - [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> AADHAAR <input type="checkbox"/> Saving Bank A/c No. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID			

Sr. Nos. 8-14 should be filled only if nominee(s) is a minor :

Sr. Nos. 8-14 should be filled only if nominee(s) is a minor :				
8.	Date of Birth {in case of minor nominee(s)}			
9.	Name of Guardian (Mr./Ms.) {in case of minor nominee(s)}			
10.	Address of Guardian(s) City / Place State / Country PIN Code			
11.	Mobile/Telephone No. of Guardian			
12.	Email ID of nominee(s)			
13.	Relationship of Guardian with nominee			
14.	Guardian Identification details - (Please tick any one of following and provide details of same) <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> AADHAAR <input type="checkbox"/> Saving Bank A/c No. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID			

	Name(s) of Holder(s)	Signature(s) of Holder
Sole/First Holder (Mr./Ms.)		 5
Second Holder (Mr./Ms.)		
Third Holder (Mr./Ms.)		

*Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature.

Note: Point no 1 to 3 are Mandatory. Rest are non Mandatory fields.Type your text

This nomination shall supersede any prior nomination made by the account holder(s), if any.

The Trading Member / Depository Participant shall provide acknowledgement of the nomination form to the account holder(s).

DECLARATION FORM FOR OPTING OUT OF NOMINATION

DATE	D	D	M	M	Y	Y	Y	Y	UCC							
------	---	---	---	---	---	---	---	---	-----	--	--	--	--	--	--	--

DP ID									Client ID							
-------	--	--	--	--	--	--	--	--	-----------	--	--	--	--	--	--	--

Sole/First Holder Name	
Second Holder Name	
Third Holder Name	

I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our trading / demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our trading / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the trading / demat account.

Signatures
of Holder(s)

6

Signature of 1st Holder

Signature of 2nd Holder

Signature of 3rd Holder

DECLARATION

1. 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.
2. I/We confirm having read/been explained and understood the contents of the document on policy and procedures of the stock broker and the tariff sheet.
3. I/We further confirm having read and understood the contents of the 'Rights and Obligations' document(s) and 'Risk Disclosure Document'. 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 stock broker's designated website, if any.
4. I/We declare that Prsaar Commodities Pvt. Ltd. the broker, have put me/us on notice that it is engaged in not only client based trading but also in pro-account trading.

7 _____
Client Signature

Date

D	D	—	M	M	—	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Place _____

FOR OFFICE USE ONLY

UCC Code allotted to the Client : _____

	Document verified with Originals	Client Interviewed By	In-Person Verification Done by
Name of the Employee			
Employee Code			
Designation of the Employee			
Date			
Signature			

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

For **Prrsaar Commodities Pvt. Ltd.**_____
Signature of the Authorised Signatory

Date _____

Seal / Stamp of the Stock Broker

TARIFF SHEET (BROKERAGE CHARGES)**CAPITAL MARKET SEGMENT**

Stock Exchange	Delivery Charges (in %age terms)	Minimum Delivery Charges per share (in Rs.)	Jobbing Charges (in %age terms)	Minimum Jobbing Charges per share (in Rs.)
NSE / BSE / MSEI	_____ %	Rs. _____/-	_____ %	Rs. _____/-

FUTURES & OPTIONS - NSE/BSE/MSEI

Nature of Transaction	in %age terms	Minimum (per Unit)	Minimum (per Lot)
Futures	_____ %	Rs. _____/-	Rs. _____/-
Options	_____ %	Rs. _____/-	Rs. _____/-

CURRENCY DERIVATIVES SEGMENT - NSE/BSE

Nature of Transaction	in %age terms	Minimum (per Unit)	Minimum (per Lot)
Futures	_____ %	Rs. _____/-	Rs. _____/-
Options	_____ %	Rs. _____/-	Rs. _____/-

COMMODITY DERIVATIVES SEGMENT - NSE/BSE/MCX/NCDEX

Nature of Transaction	in %age terms Normal	in %age terms Delivery	Minimum (per Unit)	Minimum (per Lot)
Futures	_____ %	_____ %	Rs. _____/-	Rs. _____/-
Options	_____ %	_____ %	Rs. _____/-	Rs. _____/-

Note:

1. Transaction & Clearing Charges, Stamp duty, GST, SEBI Fee, STT, CTT, and all legal levies as may applicable from time to time shall be charged separately in addition to the brokerage.
2. Late payment penalty @18% p.a. calculated on daily overdue balance shall be charged till actual realisation.
3. In case an internet trading terminal is provided, connectivity charges @Rs. _____/- per month or _____ % of turn over shall be charged separately.
4. Charges/ service standards are subject to revision at sole discretion of Prsraar Commodities Pvt. Ltd.
5. Charges quoted above are for the services listed. Any service not quoted above will be charged separately.

 8

Client Signature

DISCLOSURE REGARDING PROPRIETARY TRADING

Date : _____

SUBJECT : DISCLOSURE REGARDING PROPRIETARY TRADING

As required under Circular No. SEBI / MRD / SE / Cir-42 / 2003 dated 19.11.2003 issued by the Securities and Exchange Board of India; I/We hereby disclose that in addition to client-based business, I/We am/are also doing proprietary trading.

☐ I/we acknowledge the above information.
For Prsraar Commodities Pvt. Ltd.
 9

Client Signature

Authorised Signatory**PMLA DECLARATION**

I/We _____ having the trading code no. _____ with Prsraar Commodities Pvt. Ltd. confirm and declare that I/We have read and understood the contents and the provisions of the PMLA Act, 2002 and it was also explained by Prsraar Commodities Pvt. Ltd. official. I/We further declare that I/we shall adhere to the rules and regulations and requirements mentioned in the PMLA Act, 2002.

 10

Client Signature

RUNNING ACCOUNT AUTHORISATION

To,

Prrsaar Commodities Pvt. Ltd.

17A/35, 2nd Floor, Punjabi Bagh West,
New Delhi-110026

Date _____

Sub : Running Account Authorisation

I/We am/are dealing through you as a client in Capital Market and/or Future & Option segment and/or Currency segment and/or Commodity Segment and/or Interest Rate Future segment in order to facilitate ease of operations and upfront requirement of margin for trade. I/We authorise you as under :

1. I/We request you to maintain running balance in my/our 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)/Clearing corporation unless I/We instruct you otherwise.
2. I/We request you to settle my/our fund and securities account except the funds given towards collaterals/margin in form of Bank Guarantee and/or Fixed Deposit Receipt atleast
☐ Once in every calander quarter or
☐ Once in a calander month.
3. 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 need future margin /settlement obligations computed in the manner as prescribed by SEBI/Exchange from time to time.
4. 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 7 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.

The running account authorisation provided by me/us shall continue and remain valid until it is revoked by me/us anytime in writing.

Thanking you

Yours faithfully,

 11

Client Signature

ELECTRONIC CONTRACT NOTE (ECN) DECLARATION (for NSE, BSE, MSEI, MCX, NCDEX)

To,
Prrsaar Commodities Pvt. Ltd.
17A/35, 2nd Floor, Punjabi Bagh West,
New Delhi-110026

Date _____

Dear Sir,

I/We _____ a client with member M/S. _____
of _____ Exchange undertakes as follows:

- I/We am/are aware that the member has to provide physical contract note in respect of all the trades placed by me/us unless I/We myself want the same in the electronic form.
- I/We am/are aware that the member has to provide electronic contract note for my/our convenience on my/our request only.
- Though the member is required to deliver physical contract note, I/We find that it is inconvenient for me/us to receive physical contract notes. Therefore, I/We am/are voluntarily requesting for delivery of electronic contract note pertaining to all the trades carried out/ ordered by me/us.
- I/We have access to a computer and am/are a regular internet user, having sufficient knowledge of handling the email operation.
- My/our email id is* _____.
This has been created by me/us and not by someone else.
- I/We am/are aware that this declaration form should be in English or in any other Indian language known to me/us.
- I/We am/are 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.
- I/We am/are aware that this authorisation can be revoked any time by giving a notice in writing.

The above declaration and the guidelines on ECN given in the Annexure have been read and understood by me/us. I/We am/are 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 : _____

PAN: _____

Address : _____

 12

Client Signature

Date : _____ Place: _____

Verification of the client signature done by,

Name of the designated officer of the Member _____

Signature _____

LETTER OF AUTHORITY

To,

Date _____

Prrsaar Commodities Pvt. Ltd.

17A/35, 2nd Floor, Punjabi Bagh West,
New Delhi-110026

Sub: Letter of Authority - NSE/BSE/MCX/NCDEX (All Segment)

I/We am/are dealing in securities with you at NSE/BSE/MCX/NCDEX in Capital Market Segment, F&O Segment, Currency Derivatives Segment and/or Commodity Derivative Segment and in order to facilitate ease of operations. We authorize you as under:

1. Delivery of order/ trade confirmation/ cancellation:
 - a. I/We request you to consider my/our telephonic instructions for order placing/order modification/order cancellation as a written instruction and give us all the confirmation on telephone unless instructed otherwise in writing. I/We am/are getting required details from contracts issued by you.
 - b. I/We hereby authorize you not to provide me / us order confirmation / Modification / Cancellation Slips and Trade Confirmation slips to avoid unnecessary paper work. I/we shall get the required details from contract notes and confirmation issued by you.
2. Electronic Mode of delivery:
 - a. I/We request that you may send/ Dispatch me contract notes other documents through E-mail on my designated E-mail address of..... I/We stress that I/we will not hold you responsible under any circumstances in the event of an E-mail which you send gets bounced due to any reason such as mail box being full, inactive account or due to any technical reason beyond your control.
 - b. Log Report: I/We will completely rely on the log reports of your dispatching software as a conclusive proof of dispatch of E-mail to me and will not dispute the same.
 - c. Change in E-mail Id: I/We will inform you any change in my E-mail, if any, in future, by written request or through E-mail from my registered email address.
3. Fines & Penalties:

All fines/penalties and charges levied upon you due to my acts / deeds or transactions may be recovered by you from my trading account.
4. Charges & Balance Maintenance:

I/We have a Trading as well as depository relationship with Prrsaar Commodities Private Limited Please debit the charges relevant with depository services and courier charges for sending additional physical contract notes & other documents from my/our trading account, as & when applicable. I/We also agree to maintain the adequate balance in my/our trading account / pay adequate advance fee for the said reason.

I/We am/are aware that I/We may not opt for any of the above authorisation by striking off the same. Further, I/We am /are aware that above authorisation is voluntary on my/our part and that I/We can revoke this authorisation at any point of time by giving you a notice in writing.

* Strike off the clauses not relevant to you.

Thanking you,

Yours faithfully,

 13

Client Signature

Client Name : _____

Client Code : _____

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

FOR REGISTRATION AND VERIFICATION OF MOBILE NUMBER AND E-MAIL ADDRESS

To,

Date _____

The Compliance Officer

Prrsaar Commodities Pvt. Ltd.

17A/35, 2nd Floor, Punjabi Bagh West,
New Delhi-110026

Member Id's :

13457 (NSE)

6270 (BSE)

34200 (MSEI)

10815 (MCX)

00536 (NCDEX)

I/We am/are aware that NSE, BSE, MSEI, MCX and NCDEX provide 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/We want to receive transaction alerts in SMS as well as email from Exchanges.
- I/We want to receive transaction alerts only in SMS from Exchanges.
- I/We want to receive transaction alerts only in Email from Exchanges.
- I/We do not want to receive any transaction alerts from Exchanges, specify reason

.....
The alerts should be sent on :

Mobile number (enter 10 digit mobile no.)

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

E-mail Id.....

I/We agree to the terms and conditions specified by the Exchange in its circular no. SEBI/4/2012/C/13 dated 02/02/2012 as modified from time to time. I/We am/are aware that the receipt of SMS/E-mail alerts on the above mobile number and/or email address can be stopped only on my/our written request.

 14

Client Signature

To,
Prrsaar Commodities Pvt. Ltd.
17A/35, 2nd Floor, Punjabi Bagh West,
New Delhi-110026

Date _____

Dear Sir,

Subject : My / Our request for trading in all contracts i.e. (future & option) in all segments NSE / BSE / MSEI / MCX / NCDEX as your client.

I/We, the undersigned, have taken cognizance of relevant circulars issued by SEBI exchanges on the guidelines for calculation of net open positions permitted in any commodity/stock and I/we hereby undertake to comply with the same.

I/We hereby declare and undertake that we will not exceed the position limits as may be prescribed from time to time by NSE / BSE / MSEI / MCX / NCDEX and such position limits will be calculated in accordance with the contents of above stated circular of NSE / BSE / MSEI / MCX / NCDEX as modified from time to time.

I/We undertake to inform you and keep you informed if any of my/our partners/directors/karta/trustee or any of the partnership firms/companies/HUF's/Trusts in which I/We or any of above such person is a partner/director/karta/trustee, takes or holds any position in any commodity/stock derivative on NSE / BSE / MSEI / MCX / NCDEX through you or through any other member(s) of NSE / BSE / MSEI / MCX / NCDEX to enable you to restrict our position limit as prescribed by the above referred circular of NSE / BSE / MSEI / MCX / NCDEX as modified from time to time.

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

I/We also confirm that my/our account in your company may be debited with the amount of penalty imposed by NSE / BSE / MSEI / MCX / NCDEX for violating of norms of open position limits when ever any consequences arises.

 15 _____
Client Signature

Client Name : _____

Client Code : _____

DECLARATION OF HUF (To be filled in case of HUF A/c Only)**Prrsaar Commodities Pvt. Ltd.**

17A/35, 2nd Floor, Punjabi Bagh West,
New Delhi-110026

As our HUF firm wishes to open an account with you in the said name.....we are to say that the first signatory to this letter, i.e., is the Karta of the Joint Family and other signatories are the adult co-parceners of the said family.

We further confirm that the business of the said joint family is carried on mainly by the said Karta as also by the other signatories hereto in the interest and for the benefit of the entire body of co-parceners of the joint family. We all undertake that claims due to the exchange from the said family shall be recoverable personally from all or any of us and also for the entire family properties of which the first signatory is the Karta, including the share of minor co-parceners In view of the fact that ours is not a firm governed by the Indian Partnership Act of 1952, we have not got our said firm registered under the said Act.

We hereby undertake to inform you the death or birth of a co-parcener or any change occurring at any time in the membership of our joint family during the operating of the account



Signature of Karta (with Rubber Stamp)

Name of Signature of Adult Co-Partionors of HUF (Use Annexure of additional Members)						
Sr. No.	Name of Co-partionors of HUF	Gender (M/F)	Relationship with Karta	Date of Birth	PAN No.	Signature
1.						
2.						
3.						
4.						

Name of Minor Co-Partionors of HUF (Use Annexure of additional Members)				
Sr. No.	Name of Co-partionors of HUF	Gender (M/F)	Relationship with Karta	Date of Birth
1.				
2.				
3.				
4.				

I hereby also declare that the particulars given by me as stated above are true to the best of my knowledge as on date for making this application to open an account. I agree that any false/misleading information given by me or suppression of any material information will render my said account liable for termination and further action.

Thanking you,



Signature of Karta (with Rubber Stamp)

FATCA & CRS Declaration - Individual

PAN Trading Code DP Code

Name

Place of Birth Country of Birth

Nationality

Annual Income ☐ Below Rs. 1 Lac ☐ Rs. 1 Lac to 5 Lac ☐ Rs. 5 Lac to 10 Lac
☐ Rs. 10 Lac to 25 Lac ☐ Rs. 25 Lac to 1 Crore ☐ > 1 Crore

Net Worth **Amount Rs.** Net Worth as on
(Net worth should not be older than 1 year)

Occupational ☐ Business ☐ Private Sector ☐ Professional ☐ Government Service ☐ Public Sector
Detail ☐ Agriculturist ☐ Housewife ☐ Student ☐ Retired ☐ Forex Dealer ☐ Others Pl. Specify

Politically Exposed Person (PEP) ☐ Related to Politically Exposed Person (RPEP) ☐

Are you a tax resident of any country other than India ☐ Yes ☐ No


If yes please indicates the all countries in which you are resident for tax purpose and the associated Tax ID number below.

Sr. No.	Country	Tax Identification Number	Identification Type (TIN or Other, please specify)
1.			
2.			
3.			

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 Prrsaar Commodities Pvt. Ltd. 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).

Sign here :  16

Date :

Place :

For Investor convenience, Prrsaar Commodities Pvt. Ltd. collecting this mandatory information for updating across all Group Companies of Prrsaar Commodities Pvt. Ltd. whether you are already an investor or would become an investor in future.

Please submit the form fully filled, signed, for all the holders, separately, and submit at your nearest Prrsaar Commodities Pvt. Ltd. branch or you can dispatch the hard copy to-

Prrsaar Commodities Pvt. Ltd.

Regd. Office : 17A/35, 2nd Floor, Punjabi Bagh West, New Delhi-110026

Ph.: 011-45350000-15

• For Detail Terms & Conditions please visit www.prrsaar.com

Details	UBO1	UBO2	UBO3
Name of UBO			
UBO Code (Refer 3(iv) (A) of Part C)			
Country of Tax residency*			
PAN #			
Address	Zip <input type="text"/> State: _____ Country: _____	Zip <input type="text"/> State: _____ Country: _____	Zip <input type="text"/> State: _____ Country: _____
Address Type	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office
Tax ID %			
Tax ID Type			
City of Birth			
Country of birth			
Occupation Type	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____
Nationality			
Father's Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
Date of Birth	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Percentage of Holding (%) [§]			
* To include US, where controlling person is a US citizen or green card holder * If UBO is KYC compliant, KYC proof to be enclosed. Else PAN or any other valid identity proof must be attached. Position / Designation like Director / Settlor of Trust / Protector of Trust to be specified wherever applicable. [§] In case Tax Identification Number is not available, kindly provide functional equivalent [§] Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary			
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 Prsraar Commodities Pvt. Ltd. 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).			
Name			
Designation			
Sign here :	<div style="display: flex; justify-content: space-between;"> <div> 17 </div> <div> Date : D D M M Y Y Y Y </div> </div> <div style="margin-top: 5px;"> Place : </div>		
For Investor convenience, Prsraar Commodities Pvt. Ltd. collecting this mandatory information for updating across all Group Companies of Prsraar Commodities Pvt. Ltd. whether you are already an investor or would become an investor in future. Please submit the form fully filled, signed, for all the holders, separately, and submit at your nearest Prsraar Commodities Pvt. Ltd. branch or you can dispatch the hard copy to- Prsraar Commodities Pvt. Ltd. Regd. Office : 17A/35, 2nd Floor, Punjabi Bagh West, New Delhi-110026 Ph.: 011-45350000-15			
• For Detail Terms & Conditions please visit www.prrsaar.com			

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CHECK LIST FOR CLIENT REGISTRATION FORM

FORM RECEIVING DATE : ACCOUNT OPENING DATE : TM DP	BRANCH CODE : GROUP CODE :	CLIENT CODE TM : DP :
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1.	CHECKING DETAILS	YES	REMARKS
a)	Name as it appears on the ID & Address Proof (in capital letter)		
b)	Signature of Client on all pages and wherever necessary (Witness wherever required) <input type="checkbox"/>		
c)	Signature Checked and Verified.		
d)	Photograph (duly signed) <input type="checkbox"/>		
e)	A copy of PAN Card (Self Attested) <input type="checkbox"/>		
f)	Address Proof (Self Attested) <input type="checkbox"/>		
g)	Bank Proof containing Client Name (Self Attested) <input type="checkbox"/>		
h)	Demat Account Proof (Self Attested) <input type="checkbox"/>		
i)	Stamp Paper : NSE <input type="checkbox"/> BSE <input type="checkbox"/> MSEI <input type="checkbox"/> MCX <input type="checkbox"/> NCDEX <input type="checkbox"/>		
j)	Brokerage : Intra Day _____ Min _____ Delivery _____ Min _____ F & O Intra Day _____ EOD _____ Option _____		
k)	Exchange <input type="checkbox"/> NSE CM <input type="checkbox"/> NSE F&O <input type="checkbox"/> NSE CDS <input type="checkbox"/> NSE Currency <input type="checkbox"/> BSE CM <input type="checkbox"/> BSE F&O <input type="checkbox"/> BSE CDS given : <input type="checkbox"/> BSE Currency <input type="checkbox"/> MSEI CM <input type="checkbox"/> MSEI F&O <input type="checkbox"/> MSEI CDS <input type="checkbox"/> MCX <input type="checkbox"/> NCDEX		
2.	Franchisee and Client to be informed if any of the above detail is missing or invalid by _____ Date _____ Time _____		
3.	Details Punched in Computer by TM _____ DP _____		
4.	Cross Checking done by TM _____ DP _____		
5.	UCC UPLOADED : <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> NSE <input type="checkbox"/> BSE <input type="checkbox"/> MSEI <input type="checkbox"/> MCX <input type="checkbox"/> NCDEX <input type="checkbox"/> ENTERED IN FORM DATA </div>		
6.	BACK OFFICE WEB LOGIN User Name ID _____ Password _____		
7.	DP WEB LOGIN User Name ID _____ Password _____		
8.	Form sent to Surveillance by _____ Date : _____ Time : _____		
9.	Client ID Mapping done by _____ Branch ID _____ User ID: _____ Dealer ID : _____		
10.	INTERNET TRADING <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Odin Diet <input type="checkbox"/> I-Net </div> User ID _____ Password _____		
11.	Form sent to DP by _____ Date : _____ Time : _____		
12.	Client Instruction Book issued by		
13.	Client Account Status Report issued by		
14.	Form Returned to Compliance by _____ Date : _____ Time : _____		
15.	Kit Electronic mailed on _____ (Date)		
16.	Kit Physical Dispatched on _____ (Date)		

Our Services

- Equities
- Derivatives
- Commodities
- Currency Derivatives
- Mutual Fund
- IPOs
- Online Trading
- DP Services

For office use only

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PRRSAAR COMMODITIES PVT. LTD.

(CIN : U74899DL1994PTC060025)

MEMBER : NSE, BSE, MSEI, MCX & NCDEX

(Cash, F&O, Currency, & Commodity Derivatives Exchange)

SEBI Regn. No.: INZ000027432

(Membership ID : NSE-13457, BSE-6270, MSEI-34200, MCX-10815, NCDEX-00536)

Depository Participant : CDSL • DP ID : 12091700

Registered Office : 17A/35, 2nd Floor, Punjabi Bagh West, New Delhi-110026

Ph. : 011-45350000-15 • Fax : 011-42466672

E-mail : info@prrsaar.com • Website : www.prrsaar.com

