

Application No

Client ID

# **KNOW YOUR CLIENT (KYC) FORM FOR INDIVIDUALS**

## **PSB COMMODITIES LIMITED**

**Regd. & Corp. Office : No.102, AC Block, 2nd Street,  
6th Main Road, Anna Nagar, Chennai - 600 040.**

**Phone : (044) 71300 300**

**Email : [customercare@apolloomoney.com](mailto:customercare@apolloomoney.com)**

**Website : [www.apolloomoney.com](http://www.apolloomoney.com)**





## ANNEXURE - I

Name of the Trading Member : **PSB COMMODITIES LIMITED**

**MCX Member Code: 40540**

**MCX SEBI Registration No: INZ000077936**

Regd. & Corp. Office : No.102, AC Block, 2nd Street, 6th Main Road, Anna Nagar, Chennai - 600 040.

Phone : (044) 71300 300 | Email: [customercare@apollomoney.com](mailto:customercare@apollomoney.com) | Website : [www.apollomoney.com](http://www.apollomoney.com)

|   |  |
|---|--|
| <b>CEO : Mr.P.B.Subramaniyan</b><br>Phone No.: 044-71300351<br>Email id: <a href="mailto:pbs@apollomoney.com">pbs@apollomoney.com</a> | <b>Compliance Officer : Mr.D.Periyakamatchi</b><br>Phone No.: 044-71300357<br>Email id: <a href="mailto:periyakamatchi@apollomoney.com">periyakamatchi@apollomoney.com</a> |
|---|--|

| S.No  | Name of the Document   | Brief Significance of the Document  | Page No              |
|---|--|---|----------------------|
| <b>MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI &amp; EXCHANGES - PART A</b> |  |   |                      |
| 1   | <b>KYC (Account Opening) application form for Individuals</b>            | KYC form - Document captures the basic information about the constituent and an instruction/check list.   | 1-6                  |
| 2   | <b>Uniform Risk Disclosure Document (RDD)</b>                            | Document detailing risks associated with dealing in the commodities market.   | <b>Customer Copy</b> |
| 3   | <b>Rights and Obligations of Members, Authorized Persons and Clients</b> | 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   | <b>Guidance Note</b>   | Document detailing do's and don'ts for trading on exchange, for the education of the investors.   |                      |
| 5   | <b>Policies and Procedures</b>   | <b>Document describing significant policies and procedures of stock broker</b>  |                      |
| 6   | <b>Proprietary Trading</b>   | <b>Disclosure of Proprietary</b>  | 6                    |
| 7   | <b>Tariff Sheet</b>  | Document detailing the rate/amount of brokerage and other charges levied on the client for trading on the Commodity Exchange.   | 7                    |
| <b>VOLUNTARY DOCUMENTS AS PROVIDED BY THE MEMBER</b>                      |  |   |                      |
| 8   | <b>Running Account Authorisation</b>                                     | <b>Authorisation to maintain a running account</b>  | 8                    |
| 9   | <b>Electronic Contract Note Declaration (ECN )</b>                       | <b>To receive contract note by e-mail</b>   | 9                    |
| 10  | <b>KYC Acknowledgement</b>   | <b>Receipt of KYC, RDD ,Guidance Note &amp; Policy &amp; Procedures</b>   | 10                   |

For any grievances/dispute please contact **PSB commodities Limited** at the above address or email to [investorgrievance@apollomoney.com](mailto:investorgrievance@apollomoney.com) and Tel No: **044-71300300**

In case not satisfied with the response, please contact the concerned exchange at the contact details given below:

| Exchange   | Telephone               | E-Mail  |
|--|-------------------------|---|
| <b>Multi Commodity Exchange of India Limited</b> | <b>+91 022 67318888</b> | <b><a href="mailto:grievance@mexindia.com">grievance@mexindia.com</a></b> |



## CENTRAL KYC REGISTRY | Instructions / Check list / Guidelines for filling Individual KYC Application Form

### 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 underlined 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 underlined 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.



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.

1


☐ 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 / U.T Code* |  |  | ISO 3166 Country Code* |  |  |

☐ 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*  |  |  |  |  |  | ZIP / Post Code* |  |  |  |  |  | City / Town / Village* |  |  |  |  |  | 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   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |

☐ 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

Prefix

First Name

Middle Name

Last Name

Name\*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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(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       |            |  |  |  |  |  |  |  |  |  |

☐ 7. REMARKS (If any)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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## 8. 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.

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 ☐ Certified Copies

| KYC VERIFICATION CARRIED OUT BY |            | INSTITUTION DETAILS |  |
|---------------------------------|------------|---------------------|--|
| Date                            | DD-MM-YYYY | Name                |  |
| Emp. Name                       |            | Code                |  |
| Emp. Code                       |            |                     |  |
| Emp. Designation                |            |                     |  |
| Emp. Branch                     |            |                     |  |
| [Employee Signature]            |            | [Institution Stamp] |  |



## ANNEXURE - I

## PART - II

## FOR INDIVIDUALS

## PSB COMMODITIES LIMITED

Regd. &amp; Corp. Office : No.102, AC Block, 2nd Street,

6th Main Road, Anna Nagar, Chennai - 600 040.

Phone : (044) 71300 300 | Email: customercare@apollomoney.com

Website : www.apollomoney.com

Photograph

Please affix your recent  
passport size photograph

Signature Across it

3

## A. OTHER DETAILS

## I. GROSS ANNUAL INCOME DETAILS (Please Specify)

Income Range per annum ☐ Below ₹ 1 Lac ☐ ₹ 1-5 Lac ☐ ₹ 5 - 10 Lac ☐ ₹ 10 - 25 Lac ☐ > ₹ 25 Lacs  
 OR  
 Networth Amount ( ) \_\_\_\_\_ as on DDMMYYYY (Networth should not be old than 1 year)

FOR  
INDIVIDUAL

## 2. OCCUPATION

|  |   |  |   |                                   |
|--|---|--|---|-----------------------------------|
| (Please tick any one and give brief details) | <input type="checkbox"/> Private Sector | <input type="checkbox"/> Public Sector | <input type="checkbox"/> Government Service     | <input type="checkbox"/> Business |
|  | <input type="checkbox"/> Professional   | <input type="checkbox"/> Farmer        | <input type="checkbox"/> Others (Specify) ..... |                                   |
| Brief Details                                |   |  |   |                                   |

## 3. 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)

## B. BANK ACCOUNT (S) DETAILS

| Sr.No. | Bank Name | Branch Address & Pin Code | Type of Bank Account / A/c No.  | Code (Mandatory)           |
|--------|-----------|---------------------------|---|----------------------------|
|        |           |                           | <input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others<br>A/c No. | MICR Code<br><br>IFSC Code |

Note: Provide a copy of cancelled cheque leaf/passbook/bank statement specifying name of the client, MICR Code or/and IFSC Code of the Bank

## C. DEPOSITORY ACCOUNT (S), if available

| Sr.No. | Depository Participant Name | Depository Name   | Beneficiary Name | DP ID | Beneficiary ID (BO ID) |
|--------|-----------------------------|---|------------------|-------|------------------------|
|        |                             | <input type="checkbox"/> NSDL <input type="checkbox"/> CDSL |                  |       |                        |

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

## D. TRADING PREFERENCES

Note: Please sign in the relevant boxes against the Exchange with which you wish to trade.

The Exchange not chosen should be struck off by the client.

| Sr.No. | Name of the National Commodity exchanges        | Date of Consent for trading on concerned Exchange | Client Signature |
|--------|---|---|------------------|
| 1.     | MCX- Multi Commodity Exchange if India Limited. |   | 4                |



**E. INVESTMENT / TRADING EXPERIENCES**

Photograph

☐ No Prior Experience      ☐ \_\_\_\_\_ Yrs in Commodities      ☐ \_\_\_\_\_ Yrs in other investment related fields
**F. GST REGISTRATION DETAILS**

GST Registration Number

**G. PAST REGULATORY ACTIONS**

Details of any action/proceedings initiated/pending/taken by FMC / SEBI / Stock exchange / Commodity exchange / any other authority against the client dealing in commodities during the last 3 years : ☐ Yes ☐ No  
if yes, give details .....

**H. DEALINGS THROUGH OTHER TRADING MEMBERS**

If client is dealing through the Member, provide the following detail (In case dealing with Multiple Members, Provide details of all in a separate sheet containing all the information as mentioned below):

|   |     |                   |         |
|---|-----|-------------------|---------|
| Member's / Authorised Person Name                         |     | Client Code       |         |
| Exchange  |     | Exchange Regn No. |         |
| Concern Members Name with whom the AP is Registered       |     |                   |         |
| Registered Office Address                                 |     |                   |         |
| City/Town / Village                                       |     | PIN Code          |         |
| State   |     | Country           |         |
| Ph.   | Fax | Email             | Website |
| Details of disputes/dues pending from/to such Member/AP : |     |                   |         |

**I. INTRODUCER DETAILS (Option)**

|                          |   |
|--------------------------|---|
| Name of the Introducer   |   |
| Status of the Introducer | <input type="checkbox"/> Authorized Person <input type="checkbox"/> Existing Client    Others, please specify _____ |
| Address of Introducer    |   |
| City/Town/Village        |   |
| State                    |   |
| Country                  |   |
| Phone No.                | Signature of the Introducer   |

**J. ADDITIONAL DETAILS**

- ◆ Whether you wish to receive communication from Member in electronic form on your Email (if yes then please fill in Appendix - A)      ☐ Yes ☐ No
- ◆ Whether you wish to avail of the facility of Internet Trading/Wireless Technology      ☐ Yes ☐ No

**K. NOMINATION DETAILS (For Individual Only)**

|                                    |                          |
|------------------------------------|--------------------------|
| ◆ I/We do not wish to nominate:    |                          |
| ◆ I/We wish to nominate:           |                          |
| Name of Nominee (in BLOCK LETTERS) |                          |
| Relationship with the Nominee      | Date of Birth of Nominee |
| Address of Nominee                 |                          |
| City/Town/Village                  |                          |
| State                              |                          |
| Country                            |                          |
| Phone No. of Nominee               | PAN of Nominee           |



**If Nominee is a minor, details of guardian:**

|                       |  |  |  |
|-----------------------|--|--|--|
| Name of Guardian      |  |  |  |
| Address of Guardian   |  |  |  |
|                       |  |  |  |
|                       |  |  |  |
|                       |  | PIN Code   |  |
| Phone No. of Guardian |  | Signature of Guardian<br>(if nominee is a minor) |  |

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

| Sr.No. | Name | Signature | Address |
|--------|------|-----------|---------|
| 1.     |      |           |         |
|        |      |           |         |

**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 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 held liable for it.
2. I/We confirm having read/been explained and understood the contents of the tariff sheet and all voluntary / non-mandatory documents.
3. I/We further confirm having read and understood the contents of the 'Rights and Obligations' document(s), 'Risk Disclosure Document'. Do's and Don't s' and Policies & 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 website. If any.

Place :

Date :

⑤

Client Signature



## FOR OFFICE USE ONLY

UCC Code allotted to the Client .....

|  |                                   |
|--|-----------------------------------|
|  | Documents verified with Originals |
| Name of the Employee / Authorised Person |                                   |
| Employee Code / Authorised Person 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 and Do's and Don't's and Guidance Note & Policies and Procedures. 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' and RDD would be made available on my/our website, if any, for the information of the clients.

**Signature of the Authorised Signatory**

Date :

**Seal/Stamp of the Member**

## PROPRIETARY TRADING DISCLOSURE

Dear Client,

This is to inform you as per Rules, Regulations and Bye-laws of Multi Commodity Exchange of India Ltd. (MCX) that we do Client based trading and Proprietary trading and we are not indulged in portfolio management services.

For PSB Commodities Limited

Authorised Signatory

I acknowledge receipt of information given above by PSB Commodities Limited that they do Client based trading and Proprietary trading and they are not indulged in portfolio management services.

Client Signature



# **CONSENT FOR TRADING IN COMMODITY OPTIONS**

Dear Sir,

Subject : Consent for Trading in Commodity Options

This is in reference to the provisions of the Rules, Bye-Laws and Business Rules of the Exchange vide notification nos. MCX/COMP/080/2015 dated March 18, 2015, MCX/INSP/295/2016 dated September 26, 2016, MCX/INSP/325/2016 dated September 29, 2016, MCX/INSP/419/2016 dated December 6, 2016 and MCX/TRD/177/2017 dated June 13, 2017, I am interested to trade in commodity options in Multi Commodity Exchange of India Limited (MCX) subject to regulatory requirements of the Exchange and SEBI from time to time.

I declare that i am aware about Risk of Option Holders and Risk of Option Writers and have read and understood the Risk Disclosure documents for Options Trading

Thanking you

⑦

Client Signature

## **TARIFF SHEET**

To,

PSB COMMODITIES LIMITED  
No 102, AC Block, 2nd Street,  
6th Main Road  
Anna Nagar  
Chennai - 600040

I hereby agree to pay the brokerage charges as mentioned below for my commodity trading account with M/s PSB Commodities Limited

### **Commodity Futures**

| Intraday - Rate % | Carry Forward - Rate % | Flat Brokerage Per Lot - ₹. | Flat Brokerage Per Order - ₹. | Flat Brokerage Per Day - ₹. |
|-------------------|------------------------|-----------------------------|-------------------------------|-----------------------------|
|                   |                        |                             |                               |                             |

### **Commodity Options**

| Flat Brokerage Per Lot - ₹. | Flat Brokerage Per Order - ₹. | Flat Brokerage Per Day - ₹. |
|-----------------------------|-------------------------------|-----------------------------|
|                             |                               |                             |

₹25/- will be charged as minimum brokerage per contract note

Apart from brokerage, GST, Commodities Transaction Tax (CTT), Exchange Turnover charge, Clearing Charge, SEBI Turnover Fee, Stamp duty will be levied as per the rates applicable from time to time.

Call & Trade Charges (₹ 20 per order)

PSB Commodities Broking Ltd. reserves the right to revise the same within limits set by statutory authorities, with sufficient prior notice

⑧

Client Signature



## RUNNING ACCOUNT AUTHORIZATION (VOLUNTARY)

To,

PSB COMMODITIES LIMITED  
No 102, AC Block, 2nd Street,  
6th Main Road  
Anna Nagar  
Chennai - 600040

Sub: Authority to retain Funds / Commodities towards Margin

Sir / Madam,

I/We understand the maintenance of running account is a specialized service offered by the member which is optional in nature and this document has been signed by me/usw voluntarily without any coercion or force. I/We also understand that I/We have a right to terminate this Running Account authorization anytime by forwarding a revocation request to the registered office of PSB Commodities Limited.

For the purpose of my/our comfort and operational convenience. I/We authorize you to maintain a running account instead of settlement of settlement payout of funds or delivery of Commodities to me/us. All funds and commodities kept to my / our credit by you, may be treated as upfront margins and/or security or interest free deposit, at your discretion, for allowing exposure to me/us, Under this arrangement made at my/our specific request, I/We shall not claim any interest on the funds and commodities kept in running account with you.

I/We hereby authorize you to keep the payout / margin money deposited by me/us with you in my/our account for meeting all my/our future obligations and for providing limits for trading purposes on the basis of this deposit. These funds can be released to me/us and when requested by me/us in writing subject to a availability of free and unutilized balance after taking into consideration all open positions and dues relating to my/our delivery positions. I/We understand and agree that the Member may at its own discretion or on periodic basis payoff the balance lying to the credit of my/our trading account.

I/We also authorize you to keep my/our commodities received in the payout in your pool or beneficiary account with a DP as security margin for availing limit for trading purposes and further authorize you to utilize the same to meet my/our existing and future pay-in obligations with you.

The settlement of funds / Commodities shall be done to me within one working day from the date of receipt of such request for payout.

My/Our preference for actual settlement of funds and commodities is at least:

☐

Once in a Calendar Month

☐

Once in a Calendar Quarter

I/We further authorize you to retain an amount of up to Rs.50,000/- (Net amount across segment and across stock exchanges) in order to avoid administrative/operational difficulties in settling my / our account. The same can be released on my/our specific request.

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Client Signature





## APPENDIX - A

Electronic Contract Note (ECN) Declaration  
(Voluntary)

To,

PSB COMMODITIES LIMITED  
No 102, AC Block, 2nd Street,  
6th Main Road  
Anna Nagar  
Chennai - 600040


Dear Sir,

I, \_\_\_\_\_ a client with Member M/s. PSB  
COMMODITIES LIMITED of MCX Exchange undertake as follows:

- ✦ 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.
- ✦ I am aware that the Member has to provide electronic contract note for my convenience on my request only.
- ✦ 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.
- ✦ I have access to a computer and am a regular Internet user, having sufficient knowledge of handling the email operations.
- ✦ My email\* id is \_\_\_\_\_.  
This has been created by me and not by someone else.
- ✦ I am aware that this declaration form should be in English or in any other Indian language known to me.
- ✦ I am aware that non-receipt of bounced email notification by the member shall amount to delivery of the contract note at the above email ID.

The above declaration and 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 |   |
| PAN                |   |
| Address            |   |
| Client Signature   |  |
| Date & Place       |   |

|   |  |
|---|--|
| Verification of the client signature done by,<br>(Name of the designated officer of the Member) |  |
| Signature   |  |



KYC ACKNOWLEDGMENT

To

PSB COMMODITIES LIMITED  
No 102, AC – Block, 2<sup>nd</sup> Street, 6<sup>th</sup> Main Road  
Anna Nagar, Chennai - 600040

Dear Sir,

I hereby acknowledge the receipt of following documents and have read and understood the contents of the same.

- Copy of the KYC Form
- Uniform Risk Document ( RDD)
- Rights and Obligations of Members, Authorized Persons and Clients
- Guidance Note
- Policies and Procedures
- Tariff Sheet

I have received relevant clarification, wherever required from the officials of M/s PSB Commodities Limited to my understanding and satisfaction.

Thanking you

Date:

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Client Signature