

**No Dues Undertaking**

Date:

To,  
The Membership Department  
Multi Commodity Exchange of India Limited (MCX)  
CTS No. 255, Suren Road, Chakala,  
Andheri (East),  
Mumbai - 400093

Dear Sir,

**Subject:** - Conversion of Membership (Our Member ID \_\_\_\_\_ and FMC UMC \_\_\_\_\_ )

I / We am / are member of Multi Commodity Exchange of India Limited (MCX) in the name and style of "\_\_\_\_\_". This membership was obtained in the \_\_\_\_\_ (Proprietorship / HUF / Partnership firm) category. We now intending to convert from present status to \_\_\_\_\_ (Partnership Firm / Corporate Entity) in the new name and style of \_\_\_\_\_.

We hereby undertake that, we have paid all the statutory payments like stamp duty, service tax and other statutory dues and taxes etc. of the State / Central Government. It is also confirmed that any kind of statutory dues and taxes recovered by us from the clients have been deposited by us in the relevant Government account / treasury. Further, we confirm that there are no disputes with the clients and dues if any are settled.

We hereby undertake to indemnify MCX / Forward Markets Commission (FMC) and keep indemnified against any losses, damages, demands, charges or expenses, including attorney's fees, suffered by MCX / FMC by virtue of conversion of membership and on account of violation of this undertaking. We request you to kindly process our application of conversion of membership.

Yours faithfully,

For (Old Name of the Member)

For (New Name of the Member)

\_\_\_\_\_  
(Signature)  
Name of the Signatory\*:- \_\_\_\_\_

\_\_\_\_\_  
(Signature)  
Name of the Signatory\*:- \_\_\_\_\_

\* To be signed by the Designated Directors/ Managing Partners/ Proprietor under the rubber stamp of the entity.

**Certificate**

As per the requirement of the Multi Commodity Exchange of India Limited it is certified that the aforesaid undertaking is true and correct to the best of my / our knowledge and I/we have verified the details / facts mentioned above and the same are based on my / our scrutiny of the books of accounts, records and documents, and as per information provided to my / our satisfaction.

Date:

For (Name of Certifying Firm)

Signature:- \_\_\_\_\_

{Practicing Chartered Account (CA)/ Company Secretary (CS)}

Name of Partner / Proprietor: - \_\_\_\_\_

CA / CS Membership No.:- \_\_\_\_\_

(Rubber stamp of CA / CS Firm)

Place:

If the undertaking and certificate is exceed more than one page, then kindly obtain the stamp and full signature of the CA / CS on first page.