

FORM (MR)

(Format of the Return to be sent by the Members of the Recognized/Registered Association for registration with FMC)

NAME OF THE COMMODITY EXCHANGE: MULTI COMMODITY EXCHANGE OF INDIA LIMITED

| Sr. No. | Description | Details |
|---------|---|--------------------------------------|
| 1. | Name of the Member | |
| 2. | Trade Name | |
| 3. | Code given by the Exchange | |
| 4. | PAN | |
| 5. | <u>Complete Registered Address of Member</u> Name of contact person: Telephone no. of contact person: Fax no. of contact person: Telex of contact person: Mobile number(s) of contact person: E-mail of contact person: | <u>Registered Office Address</u> |
| 6. | <u>Complete Correspondence Address of Member</u> Name of contact person: Telephone no. of contact person: Fax no. of contact person: Telex of contact person: Mobile number(s) of contact person: E-mail of contact person: | <u>Correspondence Office Address</u> |
| 7. | Type of Membership A) Trading Member B) Clearing Member C) Trading cum Clearing Member | |
| 8. | If the Member is only trading member, give Name and UMC of Clearing Member | |
| 9. | Date of admission to Membership in Exchange | |

Signature and Stamp of member

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|-----|---|-------------------|
| 10. | Form of the Member: Sole Proprietorship / Partnership / Corporate body | |
| 11. | Interested Commodities for trading | |
| 12. | <u>If Corporate Body then furnish following:</u> | |
| | 1. Place of Incorporation: | |
| | 2. Date of Incorporation: | |
| | 3. ROC Registration number: | |
| 13. | Name and other details of Proprietor / Partners / Directors | As per annexure A |
| 14. | <u>Name and complete contact details of Chief Compliance Officer</u> Name: Telephone no. : Fax no: Telex : Mobile number(s): Email: | |
| 15. | Whether any director or its partners at any time convicted of any offence. If so, furnish the details if any disciplinary and criminal history. or Whether the directors or partners declared insolvent/ bankrupt or declared defaulter by Exchange /commodity / stock market. If yes, furnish details. | |
| 16. | Net worth (in lacs) of the Member. Please furnish annually updated details and necessary documents in support thereof. | |
| 17. | Whether Voice Recorder are installed for trade order recording. | Yes/No |
| 18. | Share Holding Details | |
| 19 | a. Are Member's subsidiaries registered as trading / clearing member of securities market? – Yes/No | |
| | b. If 'yes', then provide the details of subsidiary, its registrations number, address etc. | |

Signature and Stamp of member

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|-----|---|--|
| 20. | Whether the applicant or its sales personnel or approved user has passed any certification programme? If so, please specify detail. | |
| 21. | The experience of the applicant or their two directors or partners in commodity trading or security market. If so, please give details. | |
| 22. | Whether the applicant or its director or partners at any time subjected to any proceeding or penalty by the Board under SEBI Act or any of the regulations framed under the SEBI Act? If so, please furnish the details | |

I declare that the information given in this form is true to the best of my knowledge and belief and in the event of any information furnished is false, misleading or suppression of facts; my certificate of registration is liable to be cancelled by FMC without assigning any reasons whatsoever.

Place:

Signature and stamp:

Dated:

Name of Member

Confirmation / Recommendation of the Exchange

This is to certify that _____ is a member of this _____ Exchange, the above information is verified and is recommended for registration with the Forward Markets Commission.

Place:

Signature of Authorised Person/Officer

Dated:

Name:

Designation:

Rubber Stamp of Exchange.

Annexure – A

Details of Directors/Partners/Proprietor

| Name | PAN | Qualification | Complete Address | Whether Designated Director Yes/No | Contact details including Telephone, Fax, Telex, Mobile number(s) and E-mail | Whether associated with other Exchange/Members Company If Yes, then give details |
|------|-----|---------------|------------------|------------------------------------|--|--|
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Signature:
Name of the Designated Director /
Managing Partner / Proprietor

Rubber stamp of the entity