

ANNEXURE II

to circular No. NCDEX/COMPLIANCE-002/2017/037 dated February 15, 2017

(On the letterhead of the Member)

**Details of Authorised Person**

| <b>Sr. No.</b> | <b>Particulars</b>   | <b>Details required</b> |
|----------------|--|-------------------------|
| 1.             | Whether application is for existing or new Authorised Person   | Existing / New          |
| 2.             | Name of Authorised Person  |                         |
| 3.             | Constitution:<br>(Individual/Partnership/LLP/Body Corporate)   |                         |
| 4.             | Nationality  |                         |
| 5.             | Date of Incorporation/Registration<br>(In case of corporate/firm/LLP)                                    |                         |
| 6.             | Office Address Details**<br><br>Telephone no. with STD code:<br>Fax No.:<br>Email Address:<br>Mobile No. |                         |
| 7.             | Name and designation of the Contact Person in Authorised Person's office **                              |                         |
| 8.             | Income Tax Permanent Account No. (PAN) of Authorised Person  |                         |
| 9.             | No. of terminals existing/proposed at this location  |                         |

\*\* In case the Authorised Person operates from more than one location, similar details to be provided location-wise in separate annexure.

**(Signature & Name of Member)**

ANNEXURE III

to circular No. NCDEX/COMPLIANCE-002/2017/037 dated February 15, 2017

**Details of the Individual / Details of Directors/Partners of M/s**  
\_\_\_\_\_ **(Applicant Authorised Person)**

| Sl. No. | Name (in full) | Name (in full) of Father/Husband | Date of Birth | PAN | Educational Qualification | Residential Address | Contact No./Email ID | Signature |
|---------|----------------|----------------------------------|---------------|-----|---------------------------|---------------------|----------------------|-----------|
|         |                |                                  |               |     |                           |                     |                      |           |
|         |                |                                  |               |     |                           |                     |                      |           |

**Photographs of the Individual or each of the Directors/Partners of M/s**  
\_\_\_\_\_ **(Applicant Authorised Person)**

(to be signed across and pasted below)

| Name | Name | Name | Name | Name | Name |
|------|------|------|------|------|------|
|      |      |      |      |      |      |

Confirmed

**(Name & Signature of the Member)**