(On Letter Head of the Member)

Date:

Clearing & Settlement Department
Multi Commodity Exchange Clearing Corporation Limited
Exchange Square 3rd Floor,
Suren Road, Chakala
Andheri (East), Mumbai 400 093

Ref: Clearing Member ID - _____

Dear Sir,

Sub: Requisition for data

You are requested to provide us the data as under:

Sr. No.	Type of Report	Period of Report
1		
2		
3		
4		

We hereby agree to pay the applicable charges and authorise MCXCCL to debit our Settlement account for the same.

Thanking you.

Yours faithfully
For _____

Authorised signatory
Name of the Authorised Signatory
(Affix rubber stamp of the Member)

Contact No:
Email Id: