Warehouse Service Provider Allotted Code (WAC): _____
(To be maintained by WSP)

KNOW YOUR DEPOSITOR (KYD) APPLICATION FORM
[For Individuals]

PHOTOGRAPH

Please affix your recent passport size photograph & sign across it.

Please fill this form in ENGLISH & in BLOCK LETTERS.

A. IDENTITY DETAILS

1. **Name of the Depositor:** _____
2. **a) Nationality:** _____

   b) Status: Resident Individual / Non Resident / Foreign National. (If Non Resident / Foreign National, self-certified copy of statutory approval obtained must be attached)
3. **a) PAN:** _____

   b) Aadhaar Number (UID): _____

   c) Any other proof of identity: _____

B. ADDRESS DETAILS

1. Address for correspondence:

_____

City/ district /village: _____ Pin Code: _____

State: _____Country: _____

2. Address for Record (on Stock receipt):

_____

City/ District /Village: _____ Pin Code: _____

State: _____Country: _____

3. Contact Details:

Mobile No.: _____ Tel. (Res.) _____

Fax: _____ Email id: _____

C. OTHER DETAILS

1. Occupation & Income Details:

Agri. & Allied activity / Salaried (Private Sector/ Public Sector/ Government Service) / Pensioner / Self-employed / Business or Trade / Student / Housewife / Other Source (Please specify)

2. Annual Income: _____

D. BANK ACCOUNT(S) DETAILS

Bank Name	Branch Address	Bank Account No.	Account Type: Saving/Current/ Others	MICR Number	IFSC code

Note: *Provide a copy of cancelled cheque leaf/ pass book/bank statement specifying name of the client, MICR Code or/and IFSC Code of the bank.*

E. ComRIS / REPOSITORY ACCOUNT(S) DETAILS

ComRIS/Repository Participant Name	Beneficiary Name	ComRIS/Repository Participant ID	Beneficiary ID

F. TRADING ACCOUNT(S) DETAILS

Client Code (UCC)	Member Name	Member ID

G. Goods and Services Tax (GST) Registration Details:

State	Depositor GST Number	Seller/Principal GST Number

Note*: In case of operation in any other States than mentioned above, please provide GST Registration details of all other States as a separate Annexure to this Application along with certified copy of GST Registration certificate.*

H. Mandi license / APMC license **(As applicable, State wise)**
(Copy of license to be submitted)

Mandi license / APMC license No. : _____

Date of issue of license : _____

License valid up to : _____

I. DOCUMENTS ATTACHED

Self-attested copy of the GST Registration Certificate for the States in which the Depositor/Client/Seller/Principal is registered.	Yes	☐	No	☐
Self-attested copy of Mandi license / APMC license submitted.	Yes	☐	No	☐
Farmer – land records such as 7/12 extract or other state specific land related documents establishing identity as farmer shall be submitted.	Yes	☐	No	☐

LIST OF DOCUMENTS FOR IDENTIFICATION:
[Attach self-attested copies of any two to indicate identity, signature verification & address]
Please produce original for verification:

Passport / Driving Licence / Voter ID card / Armed Forces Id Card / Aadhar Card No. / PAN / ID card of any accredited institution like Government authority.

Utility Bill / Credit Card or Bank Account Statement (Within last 30 days) / Ration Card / Marriage Certificate / Trade Licence / Certificate of Birth / Regd. Lease deed.

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 to inform 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 details as filled in this document.

3. I/We understand that the goods whenever deposited require to meet all statutory requirements besides the Exchange quality specifications. I/we confirm that said goods do not violate any statutory requirement or compliances applicable to them as in force.

4. I/We confirm to abide by various central/state laws including Tax laws, and other Acts, Rules, Regulations, notification/orders and guidelines applicable to the said goods and as in force from time to time and shall indemnify the warehouse and MCXCCL against any, and all litigations or actions / claims or proceedings arising on account of the information provided by me / us.

5. I/We understand that in the event of any non-compliance of any law, Rules, Regulations, Notification/s or order/s as applicable to the said goods, the Undersigned shall be solely and completely responsible and undertake to be so responsible and liable for such noncompliance and for any and all consequences thereof.

6. I/We further declare and agree that in no event shall MCXCCL or the said Warehouse be held liable for any damages, including but not limited to direct or indirect, special,

incidental, or consequential damages, losses or expenses arising on account of my/our non-compliance of any central/state laws as applicable to the said goods.

7. As a depositor, I/we hereby confirm that commodities / goods requested to be stored shall not be unauthorized, banned under the law or for any other unlawful activity and all authorization and/or consents, approvals that are required in connection with storage of these materials / commodities shall be obtained by me / us, and in the event of any liability, financial or otherwise, arising at any point in time due to any misrepresentation, for any unlawful activity and for non- compliance of applicable laws and regulations governing storage services rendered by warehouse, I/we shall indemnify warehouse for such losses / damages / penalties etc.

8. I/We shall ensure that the quality of commodities shall comply with the regulations laid down by the other authorities like Food Safety Standards Authority of India, AGMARK & BIS etc.

9. I/We declare that, in case any storage receipt is endorsed to any other third party the same shall be promptly informed to the WSP.

Place_____ (_____)
Date _____ **Name & Signature of Depositor**

FOR OFFICE USE ONLY

WSP Allotted Code (WAC): _____
Name of the Depositor: _____

Documents Submitted verified: Yes / No

	Documents verified
Name of the Employee / Warehouse Official	
Employee Code	
Designation of the employee	

_____
Signature of the Authorized Signatory

Place: _____
Date _____ **Seal/Stamp of the WSP**

ACKNOWLEDGEMENT

WSP Allotted Code (WAC): _____
Name of the Depositor: _____

Documents Submitted verified: Yes / No

	Documents verified
Name of the Employee / Warehouse Official	
Employee Code	

_____
Signature of the Authorized Signatory

Place: _____
Date _____

Seal/Stamp of the WSP