

**FORM (MR)**

**GOVERNMENT OF INDIA  
FORWARD MARKETS COMMISSION  
MINISTRY OF CONSUMER AFFAIRS, FOOD AND PUBLIC DISTRIBUTION  
(DEPARTMENT OF CONSUMER AFFAIRS)**

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

**NAME OF THE COMMODITY EXCHANGE: \_\_\_\_\_**

<b>S. No.</b>	<b>Description</b>	<b>Details</b>
1	Membership Name	
2	Code given by the exchange	
3	PAN (Membership/Proprietor)	
4	<u>Complete Registered Address of Member</u> Telephone Number: Fax Number: Telex: Mobile number(s) & Name of person: E-mail:	
5	<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:	
6	Type of Membership A) Trading Member B) Clearing Member C) Trading cum Clearing Member	
7	If the Member is only trading member, give Name and UMC of Clearing Member	
8	Date of admission to Membership in Exchange	
9	Form of the Member: Sole Proprietorship / Partnership / Corporate body	
10	Date of Birth (In case of proprietor)	
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	<b>As per annexure A</b>
14	Name and complete Contact details of Chief Compliance Officer (Mobile, Email, Phone, Fax and Address)	
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 director or partners declared insolvent / commodity / stock market. If yes, furnish details.	<b>Undertaking</b>
16	Net worth (in lacs ) of the Member. Please furnish annually updated details and necessary documents in support there of.	<b>Chartered Accountant Certificate</b>
17	Whether Voice Recorder are installed for trade order recording	<b>Yes/No</b>
18	Share Holding Details/ Dominant promoters Group(DPG) Details	<b>As per annexure C (To discuss)</b>
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.	
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 proceedings or penalty by the Board under SEBI Act or any of the regulations framed under the SEBI Act? If so, please furnish the details	

2. 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:**

**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-C**

**Share Holding Pattern**

Paid up Capital : \_\_\_\_\_

Face Value of each equity share (or any other instrument) \_\_\_\_\_

Sr. No.	Name	Number of Shares held	Amt Paid-up in Rs.	% of total Capital
DPG				
1				
2				
3				
NON-DPG				
.				
OTHERS				

Date : \_\_\_\_\_  
(Designated Director)

\_\_\_\_\_  
(Designated Director)

Place :

**Auditor's Certificate**

This is to certify that Shareholding as given above, based on my/our scrutiny of the books of accounts, records and documents is true and correct to the best of my/our knowledge and as per information provided to my/our satisfaction.

Place :

Chartered Accountants /  
Practicing Company secretary

Date :

Sign. & Rubber Stamp

**Annexure-D**

**Format for periodic Information to be captured for each Member**

1. Networth (in Lacs): \_\_\_\_\_(annually updated figures may be given)
2. Branch/infrastructure details – as per annexure B
3. Number of employees engaged in the activity
4. Trade commencement date
5. Audit details
  - Internal audit (conducted by FMC) – as per annexure-E
  - Audit done by Exchange – as per annexure-E

**Annexure-E**

AUDIT DETAILS

Sr. No.	Member Name	Audit Period (Year)	FMC/Exchange Audit	Findings (Brief 500 characters)	Action Taken Report[ATR] (Brief 500 characters)	ATR date	Remarks
1							
2							
3							