



Mercantile Exchange Nepal Limited
— Where the Nation Trades —
AN ISO 9001:2015 CERTIFIED EXCHANGE

CLIENT REGISTRATION FORM — INSTITUTION —

Company Details

Name: _____
Date of Incorporation: ___ dd/ ___ mm/ ___ yyyy PAN No.: _____
Registered Office Address: _____
City: _____ Name of Authorized Person: _____
Name of Directors: _____
E-mail: _____

Please affix a recent photograph in light background of the applicant/signatory and sign on the photograph

Trading Account Details

Name of Broker: _____
Name of Sub-Broker: _____ Sub-Broker Code: _____
Client Registration Number: _____ [To be filled by Clearing House]

Bank Account Details

Name of Bank: _____
Name in Bank Record: _____
Branch: _____ Account No.: _____

Whether the applicant wants to trade in Futures & Spot Option Products with Delivery Logic All

Declaration

I/We hereby declare that the information furnished in this application is true and correct and the documents annexed with this are true copies of its original. I/We undertake to inform the Broker/CM/CH, in writing, immediately of any changes in the information furnished by me/us in this application. The Broker/CM/Clearing House/Exchange will not be liable for any loss or damages or any other consequences arising on account of non intimation of changes in the above information.

I/We have read and understood the contents of the Risk Disclosure Document and terms and conditions of the agreement with broker/CM/CH and agree to abide by the same and also undertake to abide by the Bye-Laws and Rules of the Exchange.

Applicant's Signature: _____ Seal: _____ Date: ___ dd/ ___ mm/ ___ yyyy

Documents To Be Submitted Along With The Client Registration Form

- Proof of Identity, Address & Back Account Number Self Certified Copy of PAN Card
 Resolution for Registration & Authorized Signatory Terms & Conditions, for product/s with delivery logic

Broker Verification

Name of Broker: _____ Date: _____
Authorized Person's Name: _____
Authorized Signature: _____ Seal: _____

Clearing House/Clearing Member Verification

Name of CH/CM: _____ Date: _____
Authorized Person's Name: _____
Authorized Signature: _____ Seal: _____

For Official Purpose Only