

## Annexure 1

### Membership Form

For Office Use Only

Registration Number :  
 Registered Office :  
 Fax :  
 Email :

*A recent photograph  
 in light background  
 of the signatory*

*Please affix and sign  
 on the photograph*

**CATEGORY**

Broker Member  Other

**Unicoin Digital Capital Exchange,**

Dear Sir,

I/We request you to register \_\_\_\_\_ (Name of the company)  
 as a Member of Unicoin Digital Capital Exchange. Our details required for registration are as follows:

**DETAILS OF FEE DEPOSITED**

Amount

Bank:

Draft No /Deposit Voucher No.

Date  







  
 D D M M Y Y Y Y

**TO BE FILLED BY INDIVIDUALS**

Name Mr.  Mrs.

Profession

Date of Birth  







  
 D D M M Y Y Y Y

Nationality

Passport No. / National Id No.

### Permanent Address

Country: \_\_\_\_\_ State: \_\_\_\_\_

City: \_\_\_\_\_ Street: \_\_\_\_\_ House No. (Optional): \_\_\_\_\_

### Address for Communication (if different from the home address)

Country: \_\_\_\_\_ State: \_\_\_\_\_

City: \_\_\_\_\_ Street: \_\_\_\_\_ House No. (Optional): \_\_\_\_\_

### TO BE FILLED BY INSTITUTION ONLY

Company Name: \_\_\_\_\_

Date of Incorporation/Registration

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

D D M M Y Y Y Y

Contact No.: \_\_\_\_\_ Fax No: \_\_\_\_\_

Company E-mail: \_\_\_\_\_ Website \_\_\_\_\_

### Registered Office Address

Country: \_\_\_\_\_ State: \_\_\_\_\_

City: \_\_\_\_\_ Street: \_\_\_\_\_ House No. (Optional): \_\_\_\_\_

### Address for Communication (if different from the above)

Country: \_\_\_\_\_ State: \_\_\_\_\_

City: \_\_\_\_\_ Street: \_\_\_\_\_ House No. (Optional): \_\_\_\_\_

Name of the authorized person: \_\_\_\_\_

Name of the chairman/Managing Partner/Proprietor and Directors/Partners

\_\_\_\_\_

\_\_\_\_\_

### **TO BE FILLED BY APPLICANTS IN ALL CATEGORIES**

Name of other Exchange(s) in which the applicant is/was a Member

\_\_\_\_\_

\_\_\_\_\_

Name of other Exchange(s) in which any of the director/partner/proprietor is/was a Member

\_\_\_\_\_

\_\_\_\_\_

### **PAN/TIN**

PAN/TIN No. \_\_\_\_\_

Net Worth of the Applicant \_\_\_\_\_ as on \_\_\_\_\_

### **DETAILS OF BANK ACCOUNT**

Name at Bank: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Account No. \_\_\_\_\_ Account Type: \_\_\_\_\_

### **DECLARATIONS**

a) Whether any court case is pending against the applicant or directors/promoters of the applicant?

Yes  No

b) Whether the applicant or the directors/promoters of the applicant is involved in any financial irregularities and subject to any disciplinary proceedings?

Yes  No

c) Whether the applicant or directors/promoters of the applicant were subject to any disciplinary proceedings in any other exchange?

Yes  No

(If answer is yes in clause (a) and (b) above, please furnish the details of such financial irregularities and/or disciplinary action in a separate sheet)

We hereby declare that the information furnished in this application is true and correct and the documents annexed with this application are true copies of its original. We undertake to inform the Exchange, in writing, immediately of any changes in the information furnished by us in this application. The Exchange will not be liable for any direct/indirect consequences arising on account of non-intimation changes in the above information.

I/We agree to abide by the Rules of the Exchange.

Signature of Applicant /Authorized Representation

Place: \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	D	M	M	Y	Y	Y	Y

(Institutional Seal)

**FOR OFFICE PURPOSE:**

Member Code: \_\_\_\_\_

Verified by: \_\_\_\_\_ Authorized by: \_\_\_\_\_ (Name)

## DOCUMENTS TO BE SUBMITTED ALONG WITH APPLICATION

1.  Bio-data of the applicant or directors/partners/authorized representative along with photo.
2.  Letter of Undertaking
3.  Financial Credibility Certificate [FCC] provided by bank.
4.  Proof of identity - copy of National ID/passport/driving license.
5.  Proof of address - utility bill/rental agreement
6.  Copy of latest filed tax return
7.  PAN/TIN Certificate
8.  Net Worth Certificate issued by a Registered Auditor/CA

## Additional Documents Required for Institutional Member

9.  Company Registration Certificate
10.  Letter Authorizing the authorized person
11.  Resolution Authorizing the Institution to apply for Membership, execution of UDCX-MM agreement and authorized signatory
12.  Copy of MOA & AOA
13.  List of directors certified by Co Sec./Notary Public/Registered Auditor