

Annexure 1

Membership Form

For Office Use Only

Registration Number

Registered Office

Fax

Email

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

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 Bye-Laws and Rules of the Exchange.

Signature of Applicant /Authorized Representation

Place: _____

<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

(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