

## Annexure 1

### Broker/Market Maker Membership Form

For Office Use Only

Registration Number

Registered Office

Fax

Email

Please affix your  
recent passport size  
color photograph

#### CATEGORY

Broker Member

Market Maker

**Unicoin Digital Capital Exchange**

Dear Sir,

I/We request you to register \_\_\_\_\_ (Name of the company) as a Broker Member/ Market Maker 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.

Occupation

Father's/Spouse Name:

Date of Birth

D	D	M	M	Y	Y	Y	Y

Nationality

Passport No. / National Id No.

## Home Address

Floor & Building: \_\_\_\_\_ Street Number & Name: \_\_\_\_\_

City/Municipal/Village: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Province: \_\_\_\_\_

Country: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website \_\_\_\_\_

## Address for Communication (if different from above)

Floor & Building: \_\_\_\_\_ Street Number & Name: \_\_\_\_\_

City/Municipal/Village: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Province: \_\_\_\_\_

Country: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website \_\_\_\_\_

Same as Home Address

## TO BE FILLED BY INSTITUTION ONLY

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

## Home Address

Floor & Building: \_\_\_\_\_ Street Number & Name: \_\_\_\_\_

City/Municipal/Village: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Province: \_\_\_\_\_

Country: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website \_\_\_\_\_

**Address for Communication** (if different from above)

Floor & Building: \_\_\_\_\_ Street Number & Name: \_\_\_\_\_

City/Municipal/Village: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Province: \_\_\_\_\_

Country: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website \_\_\_\_\_

Same as Registered Office Address

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**

Permanent Account Number \_\_\_\_\_

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

**DETAILS OF BANK ACCOUNT**

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

## FOR OFFICE PURPOSE:

Broker Member Code: \_\_\_\_\_ Market Maker 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 on current account.
4.  Proof of identity- copy of citizenship/passport/driving license.(self-certified)
5.  Proof of address-utility bill/rental agreement(self-certified)
6.  List of directors certified by Co Sec./Notary Public/Registered Auditor
7.  Copy of latest filed tax return
8.  Copy of MOA & AOA
9.  Resolution Authorizing the Institution to apply for Membership, execution of UDCX-MM agreement and authorized signatory
10.  Letter Authorizing the authorized person
11.  PAN/VAT Certificate copy-self certified
12.  Net Worth Certificate issued by a Registered Auditor/CA
13.  Company Registration Certificate