## (For Participant)

#### Application Form for Registration as Participant of AMC Repo Clearing Limited

(On the letterhead of the applicant)

To,

The Managing Director **AMC Repo Clearing Limited** Unit No-503, Windsor, Off CST Road, Kalina, Santacruz East, Mumbai-400 098.

Submitted through Clearing member (Name, CM ID and Address)

Dear Madam/Sir,

We, \_\_\_\_\_\_ are desirous to become the participant of the Clearing Member (CM name) in the \_\_\_ Repo segment of the AMC Repo Clearing Limited ("AMC Repo" or "Clearing Corporation") and submit requisite details as under:

#### I. APPLICANT DETAILS:

| Sr. | Particulars                                      |                                       |
|-----|--|---------------------------------------|
| 1.  | Name of Applicant                                |                                       |
| 2.  | Form of Organization {(Corporate body,           |                                       |
|     | Financial Institution, Trust, Insurance          |                                       |
|     | Companies, Others (please specify)}              |                                       |
| 3.  | Permanent Account No. (PAN) of the               |                                       |
|     | Applicant  |                                       |
| 4.  | Date of Incorporation/ Registration, as          |                                       |
|     | applicable (DD/MON/YYYY)                         |                                       |
| 5.  | Corporate Identity No. (CIN), if applicable      |                                       |
| 6.  | Brief description of group, if any, to which the |                                       |
|     | applicant belongs                                |                                       |
| 7.  | Whether admitted as a Trading Member/            |                                       |
|     | Clearing Member of any other Stock               |                                       |
|     | Exchange/ Clearing Corporation. (Please          |                                       |
|     | provide the copy of the certificate of           |                                       |
|     | registration)                                    |                                       |
| 8.  | Details of Registration with any other           | Regulator Name:                       |
|     | Regulatory Authority                             | Details of Registration:              |
|     |  | Registration No.:                     |
|     |  | Validity:                             |
| 9.  | Related party information                        | Information of group entities-        |
|     |  | promoters, other group entities, step |
|     |  | down subsidiaries                     |

#### II. OFFICE DETAILS:

| Type of office | <b>Registered</b> Office | <b>Correspondence</b> Office |
|----------------|--------------------------|------------------------------|
| Address        |                          |                              |
| City           |                          |                              |
| District       |                          |                              |
| State/Union    |                          |                              |
| Territory      |                          |                              |
| Pin code       |                          |                              |
| STD Code       |                          |                              |
| Telephone No.  |                          |                              |
| Fax            |                          |                              |
| E-mail ID      |                          |                              |
| Website        |                          |                              |

#### **III. PERSONNEL DETAILS:**

Details of the Chief Executive Officer /Managing Director, Compliance Officer and Other Directors (in case of a mutual fund, details of Chief Executive Officer /Managing Director, Compliance Officer and Other Directors of the AMC):

| Particulars         | CEO/Managing Director |  |
|---------------------|-----------------------|--|
| Name                |                       |  |
| Designation         |                       |  |
| Date of Appointment |                       |  |
| Tel. No.            |                       |  |
| Fax No.             |                       |  |
| Mobile No.          |                       |  |
| E-mail ID           |                       |  |
| PAN                 |                       |  |

| Particulars            | Compliance Officer |
|------------------------|--------------------|
| Name                   |                    |
| Qualification          |                    |
| Tel. No.               |                    |
| Fax No.                |                    |
| Mobile No.             |                    |
| E-mail ID              |                    |
| PAN                    |                    |
| Date of appointment    |                    |
| Experience             |                    |
| Correspondence address |                    |

| Particulars                | Other Directors* |
|----------------------------|------------------|
| Name                       |                  |
| Qualification              |                  |
| Category                   |                  |
| DIN                        |                  |
| Details of Interest in the |                  |
| Applicant                  |                  |

| Details of Directorship in |  |
|----------------------------|--|
| Other entities             |  |

\*Please enclose separate annexure providing details of all the Directors

| Particulars            | Treasury            |                    |  |  |
|------------------------|---------------------|--------------------|--|--|
|                        | Head - Front Office | Head - Back Office |  |  |
| Name                   |                     |                    |  |  |
| Qualification          |                     |                    |  |  |
| Tel. No.               |                     |                    |  |  |
| Fax No.                |                     |                    |  |  |
| Mobile No.             |                     |                    |  |  |
| E-mail ID              |                     |                    |  |  |
| PAN                    |                     |                    |  |  |
| Date of appointment    |                     |                    |  |  |
| Experience             |                     |                    |  |  |
| Correspondence address |                     |                    |  |  |

# IV. BANK DETAILS

## A. For Margin Purpose:

| Name of Bank        |  |
|---------------------|--|
| Bank Branch Address |  |
| Account name        |  |
| Account No.         |  |
| Account type        |  |
| IFSC Code           |  |

# **B.** For Settlement Purpose:

| Name of Bank        |  |
|---------------------|--|
| Bank Branch Address |  |
| Account name        |  |
| Account No.         |  |
| Account type        |  |
| IFSC Code           |  |

#### V. DEMAT ACCOUNT DETAILS

| Name of the Depository                |    |
|---------------------------------------|----|
| Name of the Depository Participant    | SX |
| Address of the Depository Participant |    |
| Account Name                          |    |
| Account No.                           |    |

# VI. ASSOCIATES\* DETAILS

Disclosure of PAN and Other details:

| Sr. | Category                                      | Name of<br>person/entity | PAN | <b>CIN</b><br>(Applicable<br>only for<br>corporates) | Address |
|-----|---|--------------------------|-----|--|---------|
| 1   | Promoters                                     |                          |     |  |         |
|     | (Provide additional details such as, Address, |                          |     |  |         |
|     | Telephone No., Email etc.)                    |                          |     |  |         |
| 2   | Associate(s)                                  |                          |     |  |         |
| 3   | All entities / persons falling within the     |                          |     |  |         |
|     | verticals of applicant, both from bottom to   |                          |     |  |         |
|     | top (e.g. holding co.) and top to bottom      |                          |     |  |         |
|     | (e.g. subsidiary co.), whether they are       |                          |     |  |         |
|     | registered with SEBI or any other             |                          |     |  |         |
|     | regulatory authority:                         |                          |     |  |         |
|     | Name of Regulator:                            |                          |     |  |         |
|     | Details of Registration:                      |                          |     |  |         |
|     | Registration No.:                             |                          |     |  |         |
|     | Validity:                                     |                          |     |  |         |

1. Whether there are any instances of violation or non-adherence to any securities market related regulations by the applicant entity/directors or its associate(s) / group companies in India or abroad or any associate of the applicant as indicated in above point 2. YES / NO:

If yes, whether any action has been taken by Exchange/Clearing Corporation/SEBI or other regulatory agency in this regard. If yes, kindly state the nature of violation, action initiated/ taken and by which authority, and the details of corrective steps taken thereon. Further, kindly provide the following information as an annexure.

- a. Top 10 monetary penalties in case of foreign entities and all monetary penalties in case of Indian entities, imposed against the applicant or any associate of the applicant (for irregularities/ violations in the financial services sector or for defaults in respect of shareholders / debenture holders and depositors, by any financial regulatory body or government authority or settlement arrived with any financial regulatory body during the last five years and details thereof). Penalties awarded for economic offences may be disclosed only in case of the applicant.
- b. Details of all cases of suspensions and cancellation of certificate of registration (for irregularities / violations in financial services sector or for defaults in respect of shareholders, debenture holders and depositors) of the applicant or any associate of the applicant shall be disclosed for the last 10 years.

All disclosures on penalties and action taken as per (a) and (b) above against foreign entities may be limited to the jurisdiction of the country where the principal activities (in terms of income / revenue) of the applicant / associate companies are carried out or where the headquarters is situated.

# 2. Is the applicant entity listed on any stock exchange?

YES / NO: \_\_\_\_\_ In case yes, kindly provide following details:

| Sı | . Name | of      | Stock    | Date   | since | Current Status (Active/ | Date o   | f Suspension/    |
|----|--------|---------|----------|--------|-------|-------------------------|----------|------------------|
|    | Exchan | ge wher | e listed | when   | L     | Suspended/ Delisted     | Delistin | g, if applicable |
|    |        | -       |          | Listee | ł     |                         |          | -                |
|    |        |         |          |        |       |                         |          |                  |

#### VII. FINANCIAL DETAILS

- 1. Applicants Net-worth \_\_\_\_\_\_ (*Rs.in Lakhs*):
- 2. Name and address of the bankers and the facilities availed from such banks. (Please enclose reference letters from each bank)

Stamp:

Date: Place:

Sign:

Name of the authorized signatory:

\_\_\_\_