



(Annexure 1)

**Application for approval as Approved Dealer**

Member ID 50010

To  
 The Director  
 Indian Bullion Market Association Ltd.  
 102-A, Landmark, Suren Road,  
 Chakala, Andheri (East),  
 Mumbai 400 093.

Dear Sir,

**Sub.: Allocation of new Dealer ID**

I/We \_\_\_\_\_ (Sub-Broker Name) hereby apply for the approval of Mr./ Ms. \_\_\_\_\_ (Name of the Dealer) to act as our Approved Dealer for trading on my/our behalf through Internet/VSAT/ Leased Line terminals.

|                                                                                                          |                                                                                                                          |  |            |  |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--|------------|--|
| 1. Status & Address of the office where terminals is to be located.                                      | <input type="checkbox"/> Regd. Office<br><input type="checkbox"/> Head Office<br><input type="checkbox"/> Dealing Office |  |            |  |
|                                                                                                          | Address:                                                                                                                 |  |            |  |
|                                                                                                          | City                                                                                                                     |  | Pin        |  |
|                                                                                                          | State                                                                                                                    |  | Code       |  |
|                                                                                                          | Fax No.                                                                                                                  |  | Mobile No. |  |
| E-mail ID:                                                                                               |                                                                                                                          |  |            |  |
| 2. Name of the person for whom this application for allotment of Dealer ID is made (expand all initials) |                                                                                                                          |  |            |  |
| 3. Age of approved Dealer                                                                                |                                                                                                                          |  |            |  |
| 4. Father's name of Approved Dealer                                                                      |                                                                                                                          |  |            |  |
| 5. Address of the Approved Dealer                                                                        | Address :                                                                                                                |  |            |  |
|                                                                                                          | City                                                                                                                     |  | Pin Code   |  |
|                                                                                                          | State                                                                                                                    |  | Phone No.  |  |
|                                                                                                          | Fax No.                                                                                                                  |  | Mobile No. |  |
|                                                                                                          | Email ID :                                                                                                               |  |            |  |
| 6. Qualification of Approved Dealer                                                                      |                                                                                                                          |  |            |  |
| 7. PAN of Approved Dealer or Copy of Application for PAN                                                 |                                                                                                                          |  |            |  |
| 8. Nationality of Approved Dealer                                                                        |                                                                                                                          |  |            |  |



|                                                                                                                                    |                                                   |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| 9. Relationship of the proposed Dealer with the Member i.e. an employee, agent on commission basis, client or others (Pls specify) |                                                   |
| 10. Mode of connectivity for trading from the office where terminal is located (from where the proposed Dealer would operate)      | <input type="checkbox"/> Internet                 |
| 11. VSAT/Leased Line IP Address                                                                                                    |                                                   |
| 12. Dealer ID to be used on Internet (in case of Application for VSAT/Leased Line Dealer ID)                                       | YES / NO (Strike out whichever is not applicable) |
| 13. No. of Existing Dealer IDs at the above VSAT/Leased Line.                                                                      |                                                   |

I/We hereby agree and bind myself/ourselves to be responsible for all acts, quotations made and transactions done or effected by the said Mr. / Ms. \_\_\_\_\_ as our Approved Dealer on the Trading System of the National Spot Exchange Limited (NSEL).

In case of the said Mr./Ms. \_\_\_\_\_ ceasing to be associated with me/us, I/we shall communicate to you the same along with related details and seek change/cancellation in the Dealer ID so allotted against this application, as prescribed. I/we certify that I/we have not applied for any other Dealer ID in the name of the said Mr./Ms. \_\_\_\_\_.

The Dealer ID so allotted would be used by the said Mr./Ms. \_\_\_\_\_ only to access the NSEL trading system.

I/we certify that approved Dealer shall clear the Certification as prescribed by NSEL.

I/We further certify that Mr./Ms. \_\_\_\_\_ is not suspended/debarred by APMC/SEBI/ FMC /BSE/NSE and other Stock Exchange/ Commodity Exchange.

For Indian Bullion Market Association Ltd.

Name & Signature of Approved Dealer

Authorised Signatories

Authorised Signatories

Date:

Place:

Note: Dealer ID shall be allotted after the Exchange is satisfied that the same can be allotted and at the discretion of the Exchange.



**UNDERTAKING FOR DEALER ID**

Where as at the request of Mr./Mrs. \_\_\_\_\_ (Sub-broker Name) made though M/s. Indian Bullion Market Association Ltd. (Member ID No. 50010) who is a member of National Spot Exchange Limited (hereinafter referred to as "NSEL") has agreed to provide additional Dealer IDs to me/us and we hereby confirm that the terms and conditions of the undertaking for internet based trading been read and understood by me/us and I/we hereby undertake to comply with the same. We further undertake that we shall be responsible for all transactions done by me/us using this internet facility provided by NSEL or for any risk arising out of internet use and shall not hold NSEL responsible for any loss or risk arising from the use of internet trading.

Further, I/we \_\_\_\_\_ (Sub-broker Name) confirm that Mr./Ms. \_\_\_\_\_ (Name of Dealer) is not debarred/declared defaulter/suspended by APMC/SEBI/Stock Exchanges/Commodity Exchanges/other authorities.

I/we further confirm that I/we shall inform to NSEL immediately whenever there is a change in our trading status/constitution due to above reasons.

Sub-Broker Name \_\_\_\_\_ Sub-broker Signature \_\_\_\_\_

Member Code 50010 Approved Code \_\_\_\_\_

Member Name **Indian Bullion Market Association Ltd.** Approved Dealer Name \_\_\_\_\_

Member Signature \_\_\_\_\_ Approved Dealer Signature \_\_\_\_\_

Member Address **Malkani Chamber,** Approved Dealer Address \_\_\_\_\_

**1<sup>st</sup> Floor, Near Orchid Hotel,** \_\_\_\_\_

**Vile Parle (E), Mumbai-400099** \_\_\_\_\_



