

ESCerts Registration Form - Client to Member

To,

Dear Sir,

We request you to register us as your Client. Our details of registration as Eligible Entity are as hereunder:

1.	Name of the Applicant (in full):								
2.	Registered Office Address:								
	City:				State:				
	Pin code:				Telephone (with STD Code): +91-				
	Fax (with STD Code): +91-				Email:				
3.	Address for Correspondence:								
	City:				State:				
	Pin code:				Telephone (with STD Code): +91-				
	Fax (with STD Code): +91-				Email:				
	Name of the contact person(s):								
	Designation:								
	Mobile: +91-								
4.	Plant Address:								
	City:				State:				
	Pin Code:				Telephone (with STD Code): +91-				
	Plant Head Name:				Mobile: +91-				
5.	Eligible Entity (EE) PAT Details:								
	No.*	Plant Name	Plant State	Plant Location	Year of Establishment	PAT Cycle	No. of ESCerts		DC Registration No.**
							Issued	To be Purchased	

* If registered units are more than five, enclose details of remaining registered units on a separate sheet in the format prescribed above.
 ** Copy of Registration Certificate to be enclosed

	Name of State Designated Agency:	
6.	If already registered with the IEX for Electricity / REC trading, provide following details	
	a) Name of the IEX Member with whom registered:	
	b) IEX Client Registration Code:	
7.	Constitution	Please tick the appropriate option: Individual / Registered Partnership Firm / Private Ltd Co. / HUF / Public Ltd Co / Institution / PSU / Others (Please Specify):_____
8.	Industry Type	Please tick the appropriate option: Aluminum / Cement / Chlor-Alkali / Fertilizer / Pulp & Paper / Thermal Power Plants / Iron & Steel / Textiles / Others (Please Specify):_____
9.	Date of Incorporation / Registration:	
10.	Permanent Account No.:	
11.	GSTIN:	
12.	Details of Existing Bank Account	
	Bank Name and Branch Address:	
	Account No.:	Account Operational since:
13.	Details of Client Settlement Account	
	Bank Name and Branch Address:	
	Beneficiary Name:	Settlement A/c Number:
14.	Name of your authorised person(s), who shall be responsible to the Exchange, to ensure compliance of different provisions of the law and procedures:	

The information furnished above is true to the best of my knowledge and belief.

I undertake to inform changes in any of the above details in writing immediately to the Member and to the Exchange.

I enter into an agreement, to abide by all the terms and conditions of the Exchange and further undertake that to and for the benefit of the Exchange, I shall be bound by the Bye-Laws, Rules and Business Rules of the Exchange, as amended from time to time, and further understand and agree that my registration with the Exchange shall be terminated if I fail to comply with any of these Bye-Laws, Rules and Business Rules, as amended from time to time or my Member's membership shall be cancelled or terminated for any reason.

Date: _____

Place: _____

Authorised Signatory
Signature:



Affix Rubber Stamp:

Name of the Signatory: _____

Designation of the Signatory: _____

Name of the Organisation: _____

Photograph:



For Office Purpose (To be completed, signed and authorised by the member)

Client Code:

Verified by:
(Name) _____

Authorised by:
(Name) _____

Documents to be submitted along with Client Registration Form:

- Certified true copy of the Latest Annual Report/Auditors Report.
- Certified true copy of PAN card of the Applicant.
- Proof of Address.

Enclosure:

- Certificate of Registration for each registered unit as Eligible Entity.