

## RE Client – Registration Form (Client to Member)

To,  
**Indian Energy Exchange Limited,**  
 100A/1, Ground Floor,  
 Capital Court, Olof Palme Marg,  
 Munirka, New Delhi. 110067

Dear Sir,

We request you to register us as your client. The details of Registration are as under:

Client Category: A: ☐ Eligible Entity (RE Generator)  
 B: ☐ Obligated Entity  
 C: ☐ Voluntary Entity

1.	Name of the Applicant (Full):							
2.	Registered Office Address							
	City:				State:			
	Pin code:				Telephone No.:			
	Fax No: (with STD Code):				Email:			
3.	Address for Correspondence							
	City:				State:			
	Pin code:				Telephone No.:			
	Fax No: (with STD Code):				Email:			
	Name of the contact person(s):							
	Mobile No.:							
4.	Unit Address :							
	City:				State :			
	Pin Code:				Telephone No:			
5.	<b>(A) Eligible Entity (RE Generator) Details</b>							
	<b>'Existing' RE units registered</b>							
	No.*	Project Name & Unit No.	Unique project Identification Code	Location & Sub Station	Installed Capacity	Date Of Commissioning	Accreditation Certificate No.**	Registration Certificate No.***

\* if Registered units are more than five, enclose details of remaining registered units on a separate sheet in the format prescribed above.  
 \*\* Each registered entity will be given a unique portfolio number and treated as separate client.  
 \*\*\*Copy of Accreditation & Registration Certificate to be enclosed

**'Proposed' RE units registered**

No.*	Project Name & Unit No.	Unique project Identification Code	Location & Sub Station	Installed Capacity	Expected Date Of Commissioning	Accreditation Certificate No.**	Registration Certificate No.***

\*If Registered units are more than five, enclose details of remaining registered units on a separate sheet in the format prescribed above.

\*\*Each registered entity will be given a unique portfolio number and treated as separate client.

\*\*\*Copy of Accreditation & Registration Certificate to be enclosed

**(B) Obligated Entity Client Details**

a) Category of Obligated Entity

i. ☐ Distribution Licensee      ii. ☐ Open Access Consumer      iii. ☐ Captive User

b) Facility Number

c) State(s) of which RPO to be met:

d) Registration No. (if issued by Central Agency):

e) Maximum Demand / Contracted Demand:

**(C) Voluntary Entity Client Details**

a) Category of Voluntary Entity

i. ☐ Individuals      ii. ☐ Corporates      iii. ☐ Others

b) Registration No. (if issued by Central Agency):

c) Maximum Demand / Contracted Demand:

6 If already registered with the Indian Energy Exchange for electricity trading, provide following details

a) Name of the IEX Member with whom registered:

b) IEX Client registration Code:

7 Constitution (Individual / Registered Partnership Firm / Private Ltd Co. / HUF / Public Ltd Co / Institution / PSU / Others):

8 Date of Incorporation / Registration:

9 Income Tax Permanent Account No.:

10 Details of your Existing Bank

Name and Branch Address:

Account No:

Account is Operational since:

11 Client Settlement Account Details:

Bank Name:

Settlement A/c Number:

Beneficiary Name:

12 Present Business/Occupation:

13 Present Net worth: (as on ) ₹

14 Name of your Authorized 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 is cancelled or terminated for any reason.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Authorized Signatories: \_\_\_\_\_

Signature(s):



Rubber Stamp: \_\_\_\_\_

Names of the signatories: \_\_\_\_\_

Designation of the signatories: \_\_\_\_\_

Photographs:

Affix photograph  
and sign across  
the photograph

Affix photograph  
and sign across  
the photograph

For Office Purpose (To be completed, signed and authorized by the member) Client Code:

Verified by:

Authorized by:

(Name) \_\_\_\_\_

(Name) \_\_\_\_\_

Documents to be submitted along with Client Registration Form

- a. Certified true copy of the Latest Annual Report/Auditors Report.
- b. Certified true Copy of PAN card of the applicant
- c. In case of Corporates:
  - Board Resolution seeking membership of the Exchange and for appointment of authorized signatories and authorised persons.
  - Certified true copy of Memorandum & articles of Association
- d. In case of a Partnership firm:
  - Certified true copy of Firm Registration Certificate.
  - Certified true copy of Registered Partnership Agreement, undertaking from all partners authorizing the Managing Partner.
- e. Proof of Address

#### Enclosure:

1. Certificate of Accreditation for each registered unit
2. Certificate of Registration for each registered unit