

Form No.



Key of your
Financial Success

Welcome to

Wealth Discovery

Transforming Knowledge into Wealth.

Registration Kit (Wealth Discovery Commodities Pvt. Ltd.)

For : Individual Body Corporate HUF Partnership Firm Others

Branch Code	
Branch Name	
Client Code	
Client Name	
RM Name	
Connectivity Mode	

JAI SHRI KRISHNA JI RADHA KRISHNA JI

Wealth Discovery

Transforming Knowledge into Wealth.

WEALTH DISCOVERY COMMODITIES PVT. LTD.

Member :

Multi Commodity Exchange of India Ltd. (MCX)
National Commodity & Derivative Exchange Ltd. (NCDEX)

SEBI Regn. No.: INZ000015731

Member ID : MCX - 45170, NCDEX - 01064

Regd. & Corp. Office :

1206, Kailash Building, K.G. Marg, Connaught Place, New Delhi-110001

PH.: 011-43444600, 43444666 Fax : 011-43444667

E-mail : info@wealthdiscovery.in • Web : www.wealthdiscovery.in

CIN : U74999DL2011PTC213264

Compliance Officer

SACHIN BANSAL

Ph.: 011-43444666

Email : sachin@wealthdiscovery.in

Director

RAHUL AGARWAL

Ph.: 011-43444666

Email : rahul@wealthdiscovery.in

For any grievance/dispute please contact WEALTH DISCOVERY COMMODITIES PVT. LTD. at the above address or email id-investor@wealthdiscovery.in and Phone No. 011-43444600. In case not satisfied with the response, please contact the concerned exchange(s) at (NCDEX) askus@ncdex.com and Phone No. 022-66406084, (MCX) grievance@mcxindia.com and Phone No. 022-67318888.

ACKNOWLEDGEMENT TO WEALTH DISCOVERY FROM CLIENT

To,


Wealth Discovery Commodities Pvt. Ltd.

Date: _____

Regd. & Corp. Office : 1206, Kailash Building, K.G. Marg,
Connaught Place, New Delhi-110001

I/We intends to open a Commodity Trading account with M/s. Wealth Discovery Commodities Pvt. Ltd. who is Member of MCX and NCDEX, undertakes as follows:

1. I/We have been duly aware by Member that client has a preference to receive the below referred documents either in electronic form or in physical form:
 - A. Right and Obligations of Member, Authorized Person and Clients.
 - B. Internet and Wireless technology based trading facility provided by Member to Clients.
 - C. Risk and Disclosure document for commodity market.
 - D. Guidance Note-Do's and Don'ts for trading on the Exchange(s) for Investors
 - E. Policies & Procedures
2. I/We am/are further aware by my/our Member that for receiving the above said documents in Electronic or Physical Form, I/We have to accord my/our consent.
3. Therefore, in reference to the above, I/We hereby voluntarily accord my/our consent to receive the aforesaid documents in:-
 Electronic Form Physical Form
4. If I/We opted for the same in Electronic mode, then Member can sent said aforesaid documents at my registered email id.
5. I/We have been further aware by my/our Member that the aforesaid documents has also been available at the Member's website i.e. at www.wealthdiscovery.in
6. I/We am/are aware that the non receipt of bounced mail notification by the Member shall amount to delivery of the aforesaid documents at my registered email id.
7. I/We hereby accord my/our consent to an arbitration agreement by virtue of which I/We shall refer all my/our claims, differences or disputes between us which might have arise out of my/our trading, deposits, margin money, etc. in relation to my/our dealings in contracts and transactions which have been made subject to the Bye-Laws, Rules and Regulations of the Exchange or with reference to anything incidental thereto or in pursuance thereof or relating to their validity, construction, interpretation, fulfillment or the rights, obligations and liabilities of the parties thereto and including any question of whether such dealings, transactions and contracts have entered into, to the arbitration in accordance with the provisions of these Byelaws, Rules and Regulations of the Exchanges.

Sign here : (1) 

Client Name: _____

----- (Tear Here) -----

RECEIPT OF PHYSICAL KIT

To,


Wealth Discovery Commodities Pvt. Ltd.

Date: _____

Regd. & Corp. Office : 1206, Kailash Building, K.G. Marg,
Connaught Place, New Delhi-110001

I/We hereby confirm that I/We have received a copy of following documents:

- A. Right and Obligations of Member, Authorized Person and Clients.
- B. Internet and Wireless technology based trading facility provided by Member to Clients.
- C. Risk and Disclosure document for commodity market.
- D. Guidance Note-Do's and Don'ts for trading on the Exchange(s) for Investors
- E. Policies & Procedures
- F. Other disclosure/ documents as agreed by me/us specifically in voluntary segment.

Sign here : (2) 

Client Name: _____

----- (Tear Here) -----

INDEX OF DOCUMENTS

MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI & EXCHANGES

S.No.	Name of the Document	Brief Significance of the Document	Page No.
1.	Account Opening Form (KYC)	KYC Form - Document captures the basic information about the constituent and an instruction / check list.	1-8
2.	Uniform Risk Disclosure Document (RDD)	Document detailing risks associated with dealing in the commodities market	Give to the Client with Welcome Kit
3.	Rights and Obligations of Members, Authorized Persons and Clients.	Document stating the Rights & Obligations of member, Authorized Person and client for trading on exchanges (including additional rights & obligations in case of internet/wireless technology based trading).	
4.	Do's and Don'ts for the Investors	Guidance Note for dealing in commodities market.	
5.	Policies & Procedures	Contains guidelines stipulated by Member with respect to dealing with clients	
6.	Tariff Sheet	Document detailing the rate / amount of brokerage and other charges levied on the client for trading on the commodity exchange(s)	9

VOLUNTARY DOCUMENTS AS PROVIDED BY THE MEMBER

S.No.	Name of the Document	Brief Significance of the Document	Page No.
1.	Appendix - A Electronic Contact Note (ECN)	Document stating to send all contract note/bills, statement of account/ ledger in digital/electronic on provided email id by client.	10
2.	Letter of Authority	Letter where in client authorizes Stock Broker to maintain running account for smooth functioning of account.	11
3.	Running Account Authorisation	Running Account Authorisation	12
4.	Banker's Verification	For verification of client's signatures	13
5.	Request for Trading in commodity forward contracts/commodity derivatives on NCDEX/MCX	Exchange Circular regarding exposure limits	14
6.	Adjustment in Different Exchanges / Accounts	Letter for transfer/set-off of balances lying in one exchange with other exchange	14
7.	Consent Form for Receiving Trade Alerts through SMS and/or E-mail	Consent Form for Receiving Trade Alerts through SMS and/or E-mail	15
8.	Declaration on behalf of HUF	Declaration by Karta & all the Co-Parceners of HUF	16
9.	FATCA & CRS Declaration	FATCA & CRS Declaration for Individual & Non-Individual	17-19

Wealth Discovery

Transforming Knowledge into Wealth.

**MANDATORY
DOCUMENTS**

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual

Important Instructions:

- A) Fields marked with '*' are mandatory fields. B) Please fill the form in English and in BLOCK letters. C) Please fill the date in DD-MM-YYYY format. D) Please read section wise detailed guidelines / instructions at the end. E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end. F) List of two character ISO 3166 country codes is available at the end. G) KYC number of applicant is mandatory for update application. H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.



For office use only

(To be filled by financial institution)

Application Type* [] New [] Update
KYC Number [] (Mandatory for KYC update request)
Account Type* [] Normal [] Simplified (for low risk customers) [] Small

1. PERSONAL DETAILS (Please refer instruction A at the end)

Name* (Same as ID proof) Maiden Name (If any*) Father / Spouse Name* Mother Name* Date of Birth* Gender* Marital Status* Citizenship* Residential Status* Occupation Type* PHOTO Signature / Thumb Impression

2. TICK IF APPLICABLE [] RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)
ISO 3166 Country Code of Jurisdiction of Residence*
Tax Identification Number or equivalent (If issued by jurisdiction)*
Place / City of Birth* ISO 3166 Country Code of Birth*

3. PROOF OF IDENTITY (PoI)* (Please refer instruction C at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

[] A- Passport Number [] B- Voter ID Card [] C- PAN Card [] D- Driving Licence [] E- UID (Aadhaar) [] F- NREGA Job Card [] Z- Others (any document notified by the central government) [] S- Simplified Measures Account - Document Type code
Passport Expiry Date
Driving Licence Expiry Date
Identification Number

4. PROOF OF ADDRESS (PoA)*

4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Address Type* [] Residential / Business [] Residential [] Business [] Registered Office [] Unspecified
Proof of Address* [] Passport [] Driving Licence [] UID (Aadhaar) [] Voter Identity Card [] NREGA Job Card [] Others [] Simplified Measures Account - Document Type code

Address

Line 1*
Line 2
Line 3
District* Pin / Post Code* City / Town / Village* State / U.T Code* ISO 3166 Country Code*

4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction **E** at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')

Line 1*

Line 2

Line 3 City / Town / Village*

District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*

4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)

Same as Current / Permanent / Overseas Address details Same as Correspondence / Local Address details

Line 1*

Line 2

Line 3 City / Town / Village*

State* ZIP / Post Code* ISO 3166 Country Code*

5. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction **F** at the end)

Tel. (Off) - Tel. (Res) - Mobile -

FAX - Email ID

6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1') (please refer instruction **G** at the end)

Addition of Related Person Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type* Guardian of Minor Assignee Authorized Representative

Name* Prefix First Name Middle Name Last Name

(If KYC number and name are provided, below details of section 6 are optional)

PROOF OF IDENTITY [PoI] OF RELATED PERSON* (Please see instruction **(H)** at the end)

A- Passport Number Passport Expiry Date --

B- Voter ID Card

C- PAN Card

D- Driving Licence Driving Licence Expiry Date --

E- UID (Aadhaar)

F- NREGA Job Card

Z- Others (any document notified by the central government) Identification Number

S- Simplified Measures Account - Document Type code Identification Number

7. REMARKS (If any)

8. APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

(3) [Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

Date : -- Place :

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies IPV Done

KYC VERIFICATION AND IN-PERSON VERIFICATION CARRIED OUT BY

Date --

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name

Code

[Institution Stamp]

ANNEXURE 1 (PART - I)

Wealth Discovery

Transforming Knowledge into Wealth.

KNOW YOUR CLIENT (KYC) Application Form - For Non Individuals

 NEW CHANGE REQUEST (Please tick ✓ the appropriate)

Please fill this form in ENGLISH and in BLOCK LETTERS

(Please tick ✓ the box on left margin of appropriate row where CHANGE/CORRECTION is required and provide the details in the corresponding row)

Acknowledgement No.

A IDENTITY DETAILS

1. Name of the Applicant _____
- 2a. Date of Incorporation 2b. Place of Incorporation _____
3. Date of commencement of business
- 4a. Permanent Account Number (PAN)
- 4b. Registration No. (e.g. CIN) _____
5. Status (Please tick any one)
- Private Limited Co. Public Ltd. Co. Body Corporate Partnership Trust Charities
- NGO's FI FII HUF AOP Bank
- Government Body Non-Govt. Organization Defense Establishment BOI Society LLP
- FPI - Category I FPI - Category II FPI - Category III Others (Please specify)

B ADDRESS DETAILS

1. Address for Correspondence _____
- City / Town / Village _____ Pin Code _____
- State _____ Country _____
2. Specify the Proof of Address submitted for Correspondence Address: _____
3. Contact Details
- Tel. (Off.) _____ Fax _____
- Tel. (Res.) _____ Mobile No _____
- E-Mail Id. _____
4. Registered Address (If different from above) _____
- City / Town / Village _____ Pin Code _____
- State _____ Country _____
5. Specify the Proof of Address submitted for Registered Address: _____

C OTHER DETAILS If space is insufficient, enclosed these details separately (illustrative format enclosed)

1. Name, PAN, Residential Address and photographs of Promoters/Partners/Karta/Trustees and whole time directors : _____
- 2a. DIN of Whole time directors : _____
- 2b. AADHAAR number of Promoters/Partners/Karta : _____

D DECLARATION

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/ we are aware that I/we may be held liable for it.

Date (3) 

Name & Signature of the Authorised Signatory(ies)

FOR OFFICE USE ONLY

In Person Verification (IPV) Details:

Name of the person who has done the IPV: _____

Designation: _____ Employee ID: _____

Name of the Organization: **Wealth Discovery Commodities Pvt. Ltd.**Date of IPV: _____ Signature of the person who has done the IPV

Seal/Stamp of the Intermediary

 Originals Verified & Self Attested Document copies receivedDate Place : _____

Signature of the Authorised Signatory

**Details of Promoters/ Partners/ Karta / Trustees and whole time directors forming
a part of Know Your Client (KYC) Application Form for Non-Individuals**

1. Name _____

2. Relationship with Applicant (i.e. promoters, whole time directors etc.) _____

3a. PAN

3b. DIN

3c. Aadhaar (UID) Number _____

4. Residential/ Registered Address _____
 _____ City / Town / Village _____
 Pin Code _____ State _____ Country _____

5. Tel. / Mobile No. _____ PEP Related to a PEP

PHOTOGRAPH

Please affix
your recent passport
size photograph and
sign across it

1. Name _____

2. Relationship with Applicant (i.e. promoters, whole time directors etc.) _____

3a. PAN

3b. DIN

3c. Aadhaar (UID) Number _____

4. Residential/ Registered Address _____
 _____ City / Town / Village _____
 Pin Code _____ State _____ Country _____

5. Tel. / Mobile No. _____ PEP Related to a PEP

PHOTOGRAPH

Please affix
your recent passport
size photograph and
sign across it

1. Name _____

2. Relationship with Applicant (i.e. promoters, whole time directors etc.) _____

3a. PAN

3b. DIN

3c. Aadhaar (UID) Number _____

4. Residential/ Registered Address _____
 _____ City / Town / Village _____
 Pin Code _____ State _____ Country _____

5. Tel. / Mobile No. _____ PEP Related to a PEP

PHOTOGRAPH

Please affix
your recent passport
size photograph and
sign across it

1. Name _____

2. Relationship with Applicant (i.e. promoters, whole time directors etc.) _____

3a. PAN

3b. DIN

3c. Aadhaar (UID) Number _____

4. Residential/ Registered Address _____
 _____ City / Town / Village _____
 Pin Code _____ State _____ Country _____

5. Tel. / Mobile No. _____ PEP Related to a PEP

PHOTOGRAPH

Please affix
your recent passport
size photograph and
sign across it

1. Name _____

2. Relationship with Applicant (i.e. promoters, whole time directors etc.) _____

3a. PAN

3b. DIN

3c. Aadhaar (UID) Number _____

4. Residential/ Registered Address _____
 _____ City / Town / Village _____
 Pin Code _____ State _____ Country _____

5. Tel. / Mobile No. _____ PEP Related to a PEP

PHOTOGRAPH

Please affix
your recent passport
size photograph and
sign across it



Name & Signature of the Authorised Signatory (ies)

Date :

TRADING ACCOUNT RELATED DETAILS

Wealth Discovery

Transforming Knowledge into Wealth.

FOR INDIVIDUALS & NON-INDIVIDUALS

PHOTOGRAPH

Please affix
Authorized
Signatories recent
passport size
photograph and
sign across it.

A. OTHER DETAILS

Gross Annual Income Details (please specify)	Income Range per annum : <input type="checkbox"/> Below Rs. 1 Lac <input type="checkbox"/> Rs. 1 Lac to 5 Lac <input type="checkbox"/> Rs. 5 Lac to 10 Lac <input type="checkbox"/> Rs. 10 Lac to 25 Lac <input type="checkbox"/> Rs. 25 Lac to 1 Crore <input type="checkbox"/> >1 Crore OR
Net-Worth as on (Compulsory for Non-Individual Clients)	(date)..... (Rs.) (Net worth should not be older than 1 year)
Occupation (For Individuals Only) (please tick any one and give brief details)	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Farmer <input type="checkbox"/> Others. (Specify) _____
Please tick, as applicable (For Individuals Only)	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (PEP) <input type="checkbox"/> Not a Politically Exposed Person (PEP) <input type="checkbox"/> Not Related to Politically Exposed Person (PEP)
Name, PAN, residential address and photographs of Promoters/Partners/Karta/Trustees and whole time directors :	
(If you have a landline connection, kindly provide the same)	

B. BANK ACCOUNT(S) DETAILS

Bank Name	Branch Address	Bank Account Number	Account Type	MICR Number	IFSC Code
			<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others		

Note : Provide a copy of cancelled cheque leaf/pass book/bank statement specifying name of the client, MICR Code or/and IFSC Code of the Bank.



C. DEPOSITORY ACCOUNT(S) DETAILS, if available

Depository Participant Name	Name of Depository	Beneficiary Name	DP ID	Beneficiary ID (BO ID)
	<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL			
	<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL			

Note : Provide a copy of either Demat Master or a recent holding statement issued by DP bearing name of the client.

D. TRADING PREFERENCES

Note : Please sign in the relevant boxes against the Exchange with which you wish to trade. The Exchange not chosen should be struck off by the client.

Sr. No.	Name of the National Commodity Exchanges	Date of consent for trading on concerned Exchange	Signature of the Client
1.	MCX		(4a) 
2.	NCDEX		(4b) 

[In case of allowing a client for trading on any other Exchange at a later date, which is not selected now, a separate consent letter is required to be obtained by the Member from client and to be kept as enclosure with this document]

E. INVESTMENT / TRADING EXPERIENCE

- No Prior Experience
- _____ Years in Commodities
- _____ Years in other investment related fields

F. GST DETAILS (As applicable, State wise)

Legal Name			
Trade Name			
GSTIN		Registration Date	
Name of the State		State Code	
Other State GSTIN		Registration Date	
Name of the State		State Code	

G. PAST REGULATORY ACTIONS

Details of any action/proceedings initiated/pending/taken by SEBI / Stock Exchange / Commodity Exchange / any other authority against the client or its Partners / Promoters / Whole Time Directors / Authorized Persons incharge during the last 3 years :

- No Yes (If yes, please specify _____)
- (_____)

H. DEALING THROUGH OTHER MEMBERS

If client is dealing through any other Member, provide the following details (in case dealing with multiple Member's/AP's, provide details of all in a separate sheet containing all the information as mentioned below) :

Member's/Authorised Person(AP)'s Name			
Exchange			
Exchange's Registration No.			
Concerned Member's Name with whom the AP is registered			
Registered Office Address			
Tel.:		Fax	
E-mail		Website	
Client Code			
Details of disputes / dues pending from/to such Member / AP:			

I. INTRODUCER DETAILS (optional)

Name of the introducer	(Surname)	(Name)	(Middle Name)
Status of the Introducer	<input type="checkbox"/> Authorised Person <input type="checkbox"/> Existing Client <input type="checkbox"/> Others (Pl. Specify) _____		
Address and Phone No. of the Introducer			
		Signature of the Introducer	

J. ADDITIONAL DETAILS

<input type="checkbox"/> Whether you wish to receive communication from Member in electronic form on your Email-id.	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes then please fill in Appendix - A)
---	---

K. NOMINATION DETAILS (For Individual Clients only)

<input type="checkbox"/> I/We wish to nominate	<input type="checkbox"/> I/We do not wish to nominate
Name of the Nominee	
Relationship with the Nominee	
PAN of Nominee	Date of Birth of Nominee
Address and Ph. No. of the Nominee	
If Nominee is a minor, details of guardian :	
Name of the Guardian	
Address and Ph. No. of Guardian	
Signature of Guardian	

WITNESSES (Only applicable in case the account holder has made nomination)


Name		Name	
Signature		Signature	
Address		Address	

DECLARATION

- I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am / We are aware that I/we may be held liable for it.
- I/We confirm having read/been explained and understood the contents of the tariff sheet and all voluntary/non-mandatory documents.
- I/We further confirm having read and understood the contents of the 'Rights and Obligations' document(s), 'Risk Disclosure Document' and 'Do's and Dont's'. I/We do hereby agree to be bound by such provisions as outlined in these documents. I/We have also been informed that the standard set of documents has been displayed for Information on Member's designated website i.e. www.wealthdiscovery.in

Place	
-------	--

Date	
------	--

Sign here : (5) 

--

Signature of Client / (all) Authorised Signatory(ies)*

*Form need to be signed by all the authorized signatories
(In case of Non-Individual Clients).

FOR OFFICE USE ONLY

UCC Code allotted to the Client : _____

	Documents verified with Originals
Name of the Employee	
Employee Code	
Designation of the Employee	
Date	
Signature	

I / We undertake that we have made the client aware of tariff sheet and all the voluntary/non-mandatory documents. I/We have also made the client aware of 'Rights and Obligations' document (s), RDD, 'Do's and Dont's' and Guidance Note. I/We have given/sent him a copy of all the KYC documents. I/We undertake that any change in the tariff sheet and all the voluntary/non-mandatory documents would be duly intimated to the clients. I/We also undertake that any change in the 'Rights and Obligations' and RDD would be made available on my/our website www.wealthdiscovery.in, for the information of the clients.

For **Wealth Discovery Commodities Pvt. Ltd.**

Signature of the Authorised Signatory

Seal / Stamp of the Member


Date : _____

MANDATORY DISCLOSURE OF PROPRIETARY TRADING BY WDCPL

Dear Sir,

We wish to inform you that, we do proprietary trades in MCX / NCDEX in addition to trading for clients.

I have noted the above

Sign here : (6) 

Dated _____

TARIFF SHEET

To,

WEALTH DISCOVERY COMMODITIES PVT. LTD.

Regd. & Corp. Office : 1206, Kailash Building, K.G. Marg,
Connaught Place, New Delhi-110001

Sub.: **Request for subscription to Wealth Discovery Commodities Brokerage Plan.**

Dear Sir/Madam,

I would like to subscribe any one of following brokerage plan and request Wealth Discovery Commodities Pvt. Ltd. to apply the brokerage plan along with terms and conditions of Wealth Discovery Commodities Pvt. Ltd.

I would like to enroll in the plan which is checked as under :

A) EZ Wealth Plans

Category	Brokerage Plan Descriptions
<input type="checkbox"/> EZ Flat	Rs. 11 per executed order or 0.1% of turnover whichever is lower.
<input type="checkbox"/> EZ SPL	Rs. 20 per executed order or 0.1% of turnover whichever is lower.
<input type="checkbox"/> EZ Family (Monthly)	Rs. 1100 per month for all segments.
<input type="checkbox"/> EZ Family (Yearly)	Rs. 4999/ Year per segment or 7999/ Year for all segments
<input type="checkbox"/> EZ Assist	0.01% Intraday & 0.01% Delivery & Rs. 10/ Lot for option trading.
<input type="checkbox"/> EZ DIY	Rs. 999/year for Commodity segment with Rs. 1/Per Lot.

B) Design Your Plan

Particulars	Intraday		Delivery		Options
	%	Minimum (Rs.)	%	Minimum (Rs.)	Lot (Rs.)
Brokerage					

Statutory Taxes & Exchange Charges

Stamp Duty	State wise stamp duty as applicable will be levied.
CTT	As per the provisions of CTT and as amended from time to time.
GST	As per the provisions of Service Tax Act 1994 and as amended.
Turnover & Other Charges	As may be applicable from exchanges from time to time.

- Duplicate contract notes shall be charged Rs. 25/- per contract + GST & Postal Charges.
- Depository / Pledge charges for the movement of shares between pool / beneficiary / margin accounts for payin / payout or margin purpose will be charged.
- Delay payment charges @2% p.m. would be charged for debit/shortage in pay in /margin default, as per exchange requirements. Handling charges for issue of account statement, copy of contract note etc. will be charged as applicable.

Sign here : (7)



Client's Name _____

Date : _____

Wealth Discovery

Transforming Knowledge into Wealth.

**NON - MANDATORY
DOCUMENTS**

To,

WEALTH DISCOVERY COMMODITIES PVT. LTD.**Member : MCX & NCDEX**Regd. & Corp. Office : 1206, Kailash Building, K.G. Marg,
Connaught Place, New Delhi-110001

Dear Sir,

I/We _____ a client with member M/s. **WEALTH DISCOVERY COMMODITIES PVT. LTD.**
of Exchange undertakes as follows:

- I/We am/are aware that the member has to provide physical contract note in respect of all the trades placed by me/us unless I/We myself want the same in the electronic form.
- I/We am/are aware that the member has to provide electronic contract note for my/our convenience on my/our request only.
- Though the member is required to deliver physical contract note, I/We find that it is inconvenient for me/us to receive physical contract notes. Therefore , I/We am/are voluntarily requesting for delivery of electronic contract note pertaining to all the trades carried out/ ordered by me/us.
- I/We have access to a computer and am/are a regular internet user, having sufficient knowledge of handling the email operations.
- My/our email id is* _____.
This has been created by me/us and not by someone else.
- I/We am/are aware that this declaration form should be in English or in any other Indian language known to me/us.
- I/We am/are aware that non-receipt of bounced mail notification by the member shall amount to delivery of the contract note at the above e-mail ID.
- This authorization provided by me shall continue and remain valid until revoked by me by giving a notice in writing.

The above declaration and the guidelines on ECN given in the Annexure have been read and understood by me/us. I/We am/are aware of the risk involved in dispensing with the physical contract note, and do hereby take full responsibility for the same.

***(The email id must be written in own handwriting of the client.)**

Client Name: _____

Unique Client Code : _____

PAN: _____

Address : _____

Sign here : (8) 

Date : _____ Place: _____

Verification of the client signature done by,

Name of the designated officer of the Member _____

Signature _____

LETTER OF AUTHORITY

Date : _____

Client Name : _____

To,

Client Code : _____

WEALTH DISCOVERY COMMODITIES PVT. LTD.

Regd. & Corp. Office : 1206, Kailash Building, K.G. Marg,
Connaught Place, New Delhi-110001

Dear Sirs,

Sub : Letter of Authority

I / We am / are dealing in Commodities with you at MCX/NCDEX and in order to facilities ease of operations, I / We authorize you as under:

1. I / We authorise you to setoff outstanding in any of my accounts against credits available or arising in any other accounts maintained with you irrespective of the fact that such credits in the accounts may pertain to transactions in any segment of the same or other Exchange(s) and/or against the value of cash margin or other collateral provided to you by me / us.
2. I / We hereby authorise you not be provide me Order Confirmation / Modification / Cancellation Slips and Trade Confirmation Slips to avoid unnecessary paper work. I / We shall get the required details from contracts issued by you.
3. I / We request you to consider my / our telephonic instructions for order placing/order modification/order cancellation as a written instruction and give me / us all the confirmation on telephone unless instructed otherwise in writing. I / We am / are getting required details from contracts issued by you.
4. I / We agree and understand that the margin deposited by me/us is interest free and WDCPL shall not be liable to pay any interest thereon to me/us.
5. I / We request that you may send/despach my / our statement of accounts and other documents through E-mail : on my designated e-mail address of _____.
6. I / We will completely rely on the log reports of your despatching software as a conclusive proof of dispatch of e-mail to me and will not dispute the same.
7. I / We will inform you the change in my / our e-mail, if any, in future either by regd. post or through e-mail.
8. I / We confirm that I / We will not sublet the trading terminal on any term of connectivity from my / our place under any circumstances.
9. I / We shall abide by the rules regulations/guidelines circulars of the exchange issue from time to time as applicable and shall be liable for non-adherence.
10. All fines/penalties and charges levied upon you due to my acts/deeds or transactions may be recovered by you from my account.
11. I/We have been explained that I/We may not opt to give any of the above authorisation and that the above authorisations are voluntary on my/our part and that I/we can revoke this authorisation at any point of time during the operation of my/our trading account with you by giving you a notice in writing.

Thanking you,

Your faithfully,

Sign here : (9)



RUNNING ACCOUNT AUTHORISATION

Date : _____

Client Name : _____

To,

Client Code : _____

WEALTH DISCOVERY COMMODITIES PVT. LTD.

Regd. & Corp. Office : 1206, Kailash Building, K.G. Marg,
Connaught Place, New Delhi-110001

Dear Sirs,

I/We are dealing through you as a client in commodities derivatives segment and in order to facilitate ease of operations and upfront requirement of margin for trade. I/We authorize you as under:

1. I/We request you to maintain running balance in my account and retain the credit balance in any of my/our account and to use the unused funds towards my/our margin/pay-in/other obligation(s) in any segment(s) of any or all the Exchange(s)/Clearing corporation unless I/we instruct you otherwise.
2. I/We request you to retain securities / commodities with you for my/our margin/pay-in/other-future obligation(s) at any segment(s) of any or all the Exchange(s)/Clearing Corporation unless I/We instruct you to transfer the same to my/our account.
3. I/We request you to settle my account
 - Once in every calendar Quarter or
 - Once in a calendar Month

Except the funds given towards collaterals/ margin in form of Bank Guarantee and/or Fixed Deposit Receipt.

4. In case I/We have an outstanding obligation on the settlement date, you may retain the requisite securities/funds towards such obligations and may also retain the funds expected to be required to meet future margin obligations, calculated in the manner specified by the Exchange(s) / SEBI.
5. I/We confirm you that I will bring to your notice any dispute arising from the statement of account or settlement so made in writing within 7 working days from the date of receipt of funds/securities/commodities or statement of account or statement related to it, as the case may be.
6. I/We further authorize you to retain such other minimum amount as may be prescribed by Exchange/ Regulatory Authority from time to time. The same may be released on my/our specific request.
7. I/We have been informed by the member that it shall transfer the funds / securities lying in the credit of the client within one working day of the request if the same are lying with him and within three working days from the request if the same are lying with the Clearing Member/Clearing Corporation.
8. I/We have been informed by the member that there shall be no inter-client adjustments for the purpose of settlement of the 'running account'.

The running account authorization provided by me shall continue and remain valid until it is revoked by me anytime in writing.

Sign here : (10) 

BANKER'S VERIFICATION

To,

Date : _____

WEALTH DISCOVERY COMMODITIES PVT. LTD.

Regd. & Corp. Office : 1206, Kailash Building, K.G. Marg,
Connaught Place, New Delhi-110001

Dear Sir,

This is to certify that the savings / current account no. _____ of
Mr. / Ms / M/s. _____ held
jointly with Mr./Ms/M/s. _____ with our branch, has
been active since _____.

We confirm that the signature of the client agrees with the specimen held in our records. This verification is without any responsibility on the part of the bank or the signing officer.

Signature of Client _____

signed in my / our presence and attested by me / us

Bank Name & Address	
Name & Signature of Authorised Signatory	
Stamp of the Bank Branch	

Sign here : (11)



To,

WEALTH DISCOVERY COMMODITIES PVT. LTD.

Regd. & Corp. Office : 1206, Kailash Building, K.G. Marg,
Connaught Place, New Delhi-110001

Dear Sir,

Subject : My / Our request for trading in commodity forward contracts / commodity derivatives on MCX / NCDEX as your client

I/We, the undersigned, have taken cognizance of circular no. MCX/338/2006 dated August 21, 2006 issued by the Multi Commodity Exchange of India Ltd. (MCX) and circular no. NCDEX/TRADING-114/2006/247 dated September 28, 2008 issued by the National Commodity & Derivatives Exchange Limited (NCDEX) on the guidelines for calculation of net open positions permitted in any commodity and I/we hereby undertake to comply with the same.

I/We hereby declare and undertake that we will not exceed the position limits prescribed from time to time by MCX / NCDEX or Forward Markets Commission and such position limits will be calculated in accordance with the contents of above stated circular of MCX / NCDEX as modified from time to time.

I/We undertake to inform you and keep you informed if any of our partners/directors/karta/trustee or any of the partnership firms/companies/HUF's/Trusts in which I or any of above such person is a partner/director/karta/trustee, takes or holds any position in any commodity forward contract/commodity derivative on MCX / NCDEX through you or through any other member(s) of MCX / NCDEX, to enable you to restrict our position limit as prescribed by the above referred circular of MCX / NCDEX as modified from time to time.

I/We confirm that you have agreed to enter orders in commodity forward contracts/commodity derivatives for me/us as your clients on MCX / NCDEX only on the basis of our above assurances and undertaking.

Yours faithfully

Sign here : (12)



Sole Proprietor/Partner/Director/Karta/Trustee

ADJUSTMENT IN DIFFERENT EXCHANGES / ACCOUNTS

Client Code : _____

Date : _____

Name _____

Address of Client : _____

To,

The Manager Accounts,

WEALTH DISCOVERY COMMODITIES PVT. LTD.

Regd. & Corp. Office : 1206, Kailash Building, K.G. Marg,
Connaught Place, New Delhi-110001

Sub : Adjustment in different Exchanges / Accounts maintained with you

Dear Sir,

I/We executed/desire to execute an agreement with Wealth Discovery Commodities Pvt. Ltd. for trading on the Multi Commodity Exchange of India Ltd. (MCX) and National Commodity & Derivatives Exchange Ltd. (NCDEX) in Commodity Market. In this regard, I/We hereby request you to treat the agreement between us whether in NCDEX or MCX, as coextensive and I/We hereby authorize you to transfer, make adjustments and/or to set off a part or whole of the securities / Commodities placed as margin and/or any surplus funds in any of my account(s) maintained with you i.e. either in NCDEX or MCX against the outstanding dues payable if any, by me/us in any of my/our account(s) maintained with Wealth Discovery Commodities Pvt. Ltd. or vice versa, notwithstanding anything contrary contained in the agreement between us. Wealth Discovery Commodities Pvt. Ltd. shall have right of lien on the credit balance in any of my/our accounts. Any entries passed by you in accordance with this authorization shall be binding on me/us.

Thanking You,

Yours Faithfully,

Sign here : (13)



CONSENT FORM FOR RECEIVING TRADE ALERTS THROUGH SMS AND/OR E-MAIL

To,

WEALTH DISCOVERY COMMODITIES PVT. LTD.

Regd. & Corp. Office : 1206, Kailash Building, K.G. Marg,
Connaught Place, New Delhi-110001

Dear Sir/Madam,

I/We _____, a Client with Wealth Discovery Commodities Pvt. Ltd. of MCX (45170) / NCDEX (01064) undertake as follows ;

1. I/We are aware the Multi Commodity Exchange (MCX) / National Commodity & Derivatives Exchange Limited (NCDEX) provides the details of the trades executed on its trading platform to the concerned clients / constituents through SMS and/or E-mail alerts.
2. I/We are aware that the Exchange has to provide the trade details through SMS and/or Email alerts for my convenience at my request only.
3. I/We hereby provide and confirm my/our mobile number and /or email address as stated below for the purpose of receipt of SMS and/or email alerts.

I/We hereby confirm that I/We wish to receive the trade alerts through :

Preferred mode of Alert	Please tick (✓) against appropriate option
Only SMS	
Only E-mail	
SMS and E-mail	
No alerts at all (Please specify reason)	

The alerts should be sent on

a. Mobile Number : _____
(enter 10 digit mobile no.)

--	--	--	--	--	--	--	--	--	--

b. Email Address : _____

I/We hereby agree to the terms and condition specified by the Exchange vide circular No. MCX/T&S/165/2012 dated April 26, 2012/ NCDEX/COMPLIANCE-007/2012/093 dated March 19, 2012 and circulars / clarifications issued by the Exchange from time to time in this regard. I/We are also aware that this is an additional facility provided by the Exchange and we shall not rely or use such data for any purpose and, Exchange shall not be liable for any direct or indirect loss of any nature because of providing this additional facility. I/We am/are aware that the receipt of SMS/Email alerts on the above mobile number and/or email address can be stopped only on our/my written request.

Client Name : _____

Unique Client Code : _____

PAN : _____

Sign here : (14) 

--

DECLARATION BY KARTA & ALL THE CO-PARCENERS (FOR HUF ONLY)

To,

WEALTH DISCOVERY COMMODITIES PVT. LTD.

Regd. & Corp. Office : 1206, Kailash Building, K.G. Marg,
Connaught Place, New Delhi-110001

- Whereas the Hindu Undivided Family of.....is carrying on business in the firm name and style of..... at, we intent to deal or desire to have Commodities Trading Account with WEALTH DISCOVERY COMMODITIES PVT. LTD. (hereinafter referred as Member). We undersigned, hereby confirm and declare that we are the present adult co-parceners of the said joint family; that Mr./Mrs..... is the present Karta of the said joint family.
- We confirm that affairs of HUF firm are carried on mainly by the Karta Mr/ Mrs. on behalf and in the interest and for the benefits of all the co-parceners. We hereby authorize the Karta on behalf of the HUF to deal with the member and the said trading member is hereby authorized to honor all instructions oral or written, given by him on behalf of the HUF. He is authorized to sell, purchase, transfer, endorse, negotiate documents and/or otherwise deal through the member on behalf of the HUF.

He is also authorize to sign execute and submit such applications, undertakings, agreements and other requisite documents, writings and deeds as may be deemed necessary or expedient to open account and give effect to this purpose. We are, however, jointly and severally responsible for all liabilities of the said HUF firm shall be recoverable from the assets of any one or all of us and also from the estate of the said joint family including the interest thereon of every co-parceners of the said joint family, including the share of the minor co parceners, if any.
- We undertake to advise the member in writing of any change that may occur in the Karta ship or in the constitution of the said joint family or of the said HUF firm and until receipt of such notice by the member who shall be binding on the said joint family and the said HUF firm and on our respective estates. We shall, however continue to be liable jointly and severally to the member for all dues obligations of the said HUF firm in the Member's book on the date of the receipt of such notice by the member and until all such dues and obligations shall have been liquidated and discharged.
- The names and dates of the birth of all the present minor & major co-parceners of the said joint family are given below. We also undertake to inform you in writing as and when each of the said members attains the majority and is authorized to act on behalf of, and bind the said HUF firm.

List of Family Members

S. No.	Name of the Co-parceners (Including Minor also)	Relationship with Karta	PAN No.	Address (if other than Karta's address)	Date of Birth	Signature
1.						
2.						
3.						
4.						
5.						
6.						

Note : For NCDEX clients, in case of adult family member provide copy of PAN card or any other ID proof (DL/Voter ID/ Passport). In case of Minor Family Member provide copy of age certificate (Birth Certificate/School Leaving Certificate).

Name of the HUF : _____

Signature of Karta with Rubber Stamp

Date : _____ Place : _____

FATCA & CRS Declaration - Non Individual

PAN Trading Code DP Code
 Name

Please tick the applicable tax resident declaration -

I. Is "Entity" a tax resident of any country other than India Yes No
 (If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Sr. No.	Country	Tax Identification Number	Identification Type (TIN or Other ^s , please specify)
1.			
2.			

In case Tax Identification Number is not available, kindly provide its functional equivalent.
 In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

1. We are a, Financial institution <input type="checkbox"/> (Refer 1 of Part C) or Direct reporting NFE <input type="checkbox"/> (Refer 3(vii) of Part C) (please tick as appropriate)	GIIN <input type="text"/> Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below Name of sponsoring entity _____ _____
GIIN not available (please tick as applicable)	<input type="checkbox"/> Applied for <input type="checkbox"/> Not obtained – Non-participating FI <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category <input type="text"/> (Refer 1 A of Part C)

PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

1. Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market) (Refer 2a of Part C)	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange _____
2. Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market) (Refer 2b of Part C)	Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company _____ Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3. Is the Entity an active NFE (Refer 2c of Part C)	Yes <input type="checkbox"/> Nature of Business _____ Please specify the sub-category of Active NFE <input type="text"/> (Mention code – refer 2c of Part C)
4. Is the Entity a passive NFE (Refer 3(ii) of Part C)	Yes <input type="checkbox"/> Nature of Business _____

UBO Declaration (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)

Category (Please tick applicable category):
 Unincorporated association / body of individuals Unlisted Company Partnership Firm Limited Liability Partnership Company
 Others (please specify _____)
 Public Charitable Trust Religious Trust Private Trust

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s). (Please attach additional sheets if necessary)

Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E (Refer 3(vi) of Part C)

Details	UBO1	UBO2	UBO3
Name of UBO			
UBO Code (Refer 3(iv) (A) of Part C)			
Country of Tax residency*			
PAN #			
Address	Zip <input type="text"/> State: _____ Country: _____	Zip <input type="text"/> State: _____ Country: _____	Zip <input type="text"/> State: _____ Country: _____
Address Type	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office
Tax ID %			
Tax ID Type			
City of Birth			
Country of birth			
Occupation Type	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____
Nationality			
Father's Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
Date of Birth	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Percentage of Holding (%) [§]			

* To include US, where controlling person is a US citizen or green card holder

If UBO is KYC compliant, KYC proof to be enclosed. Else PAN or any other valid identity proof must be attached. Position / Designation like Director / Settlor of Trust / Protector of Trust to be specified wherever applicable.

% In case Tax Identification Number is not available, kindly provide functional equivalent

§ Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary

DECLARATION

I have read and understood the information requirements and the Terms & Conditions mentioned in this Form (read along with FATCA & CRS instructions) and hereby confirm that the information provided by me on this Form is true, correct and complete. I hereby agree and confirm to inform Wealth Discovery Commodities Pvt. Ltd. for any modification to this information promptly.

I further agree to abide by the provisions of the scheme related documents inter alia provisions of FATCA & CRS on Automatic Exchange of Information (AEOI).

Name

Designation

Sign here : (16) 

Date :

Place :

For Investor convenience, Wealth Discovery Commodities Pvt. Ltd. (WDCPL) collecting this mandatory information for updating across all Group Companies of WDCPL whether you are already an investor or would become an investor in future.

Please submit the form fully filled, signed, for all the holders, separately, and submit at your nearest WDCPL branch or you can dispatch the hard copy to-

Wealth Discovery Commodities Pvt. Ltd.

1206, Kailash Building, K.G. Marg, Connaught Place New Delhi- 110001

• For Detail Terms & Conditions please visit www.wealthdiscovery.in

CHECK LIST FOR CLIENT REGISTRATION FORM

FORM RECEIVING DATE :	BRANCH CODE :	CLIENT CODE
ACCOUNT OPENING DATE :	RL/TL	
	SUB BRANCH CODE :	

I.	CHECKING DETAILS	YES	REMARKS
a)	Name as it appears on the ID & Address Proof (in capital letter)		
b)	Signature of Client on all pages and wherever necessary (Witness wherever required) <input type="checkbox"/>		
c)	Signature Checked and Verified.		
d)	Photograph (duly signed) <input type="checkbox"/>		
e)	A copy of PAN Card (Self Attested) <input type="checkbox"/>		
f)	Address Proof (Self Attested) <input type="checkbox"/>		
g)	Bank Proof containing Client Name (Self Attested) <input type="checkbox"/>		
h)	Demat Account Proof (Self Attested) <input type="checkbox"/>		
i)	Stamp Paper : <input type="checkbox"/>		
j)	Exchange given : <input type="checkbox"/> MCX <input type="checkbox"/> NCDEX		
2.	Telephonic confirmation of Particulars done by _____ Date _____ Time _____ On Phone No. _____		
3.	Details Punched in Computer by _____		
4.	Cross Checking done by _____		
5.	UCC UPLOADED : <input type="checkbox"/> MCX <input type="checkbox"/> NCDEX <input type="checkbox"/> ENTERED IN FORM DATA		
6.	BACK OFFICE WEB LOGIN User Name ID _____ Password _____		
7.	DP WEB LOGIN User Name ID _____ Password _____		
8.	Form sent to Surveillance by _____ Date : _____ Time : _____		
9.	Client ID Mapping done by _____ Branch ID _____ User ID: _____ Dealer ID : _____		
10.	INTERNET TRADING <input type="checkbox"/> Odin Diet <input type="checkbox"/> I-Net User ID _____ Password _____		
11.	Client Account Status Report issued by		
12.	Form Returned to Compliance by _____ Date : _____ Time : _____		
13.	Kit Dispatched on _____ (Date) _____ Pod No. _____		

Wealth Discovery

Transforming Knowledge into Wealth.

WEALTH DISCOVERY COMMODITIES PVT. LTD.

Regd. & Corp. Office : 1206, Kailash Building, K.G. Marg, Connaught Place, New Delhi-110001

PH.: 011-43444600, 43444666 Fax : 011-43444667

E-mail : info@wealthdiscovery.in • Web : www.wealthdiscovery.in

In case of any grievances please write to : investor@wealthdiscovery.in

CIN : U74999DL2011PTC213264

SEBI Regn. No.: INZ000015731

Member ID : MCX - 45170, NCDEX - 01064

