

**Client – Registration Form (Client to Member)**

To  
 Manikaran Power Ltd,  
 C-202,Mayfair,1299,  
 E.M Bye Pass,  
 Kolkata-700107

Dear Sir,

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

Client Category : A :  Grid Connected Client      B :  Trader Client

1	Name of the Applicant (Full)	
2	Registered Office Address  City: State: Pin Code: Telephone No: Fax No: (with STD Code) E mail: Name of the contact persons(s): Mobile No:	
3	Address for correspondence  City: State: Pin code: Telephone No: Fax No:(with STD Code): E mail: Name of the contact persons(s): Mobile No:	
4	(A) Grid Connected Client Details 1. Grid Connection details: a) Maximum Capacity to Inject	

	b) Maximum Capacity of Drawl c) Voltage Level d) Point of Connection( Name of EHV station of ISTS/In STS) e) Single Line Diagram of Point of Connection (enclosed) f) If applicant is embedded in DISCOM <ul style="list-style-type: none"> <li>Name of DISCOM</li> <li>State</li> </ul> g) In case of open Access standing Clearance <ul style="list-style-type: none"> <li>Open Access permission valid up to (Copy Enclosed)</li> </ul> Copy of Power Purchase / Sale Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(B) Trader Client Details i Entity on whose behalf power is being purchased / Sold ii Grid Connection Details: <ol style="list-style-type: none"> <li>Maximum Capacity to Inject</li> <li>Maximum Capacity of Drawl</li> <li>Voltage Level</li> <li>Point of Connection ( Name of the EHV station of ISTS / InSTS)</li> <li>Single line Diagram of point of Connection (enclosed)</li> </ol> f) If applicant is embedded in DISCOM <ul style="list-style-type: none"> <li>Name of DISCOM</li> <li>State</li> </ul> g) In case of open Access standing Clearance <ul style="list-style-type: none"> <li>Open Access permission valid up to (Copy Enclosed)</li> </ul> Copy of Power Purchase / Sale Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Nationality	INDIAN
6	Constitution	
7	Date of Incorporation/Registration	
8	Income Tax Payment Account No	
9	Details of your Existing Bank Name and Branch Address:	
10	Present Business / Occupation	
11	Present Net worth	
12	Name of your Authorized	

	Representative(s), who shall be responsible to the exchange to ensure compliance of different provisions of the law and procedures	
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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 agreement to abide by all the terms and conditions of the Exchange and further undertake that to and for 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 top comply with any of these Bye-laws, Rules and Business Rules as amended or my membership is cancelled or terminated for any reason.

Date:

Place:

Authorized Signatories

Signature(s):

(Name of the Signatories) .....

(Designations of the Signatories) .....

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)

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**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 authorized persons,
  - Certified copy of Memorandum and Articles of Association (**The company should include the business of Buying / Selling or Trading of Electricity** )
- d. In case of a Partnership firm :-
  - Certified true copy of Firm Registration Certificate.
  - Certified true copy of Registered Partnership Agreement , undertaking from all partnership authorizing the Managing Partner.
- e. Proof of Address.
- f. Certified true copy of Trading License (applicable for Trade Client)
- g. Certified true copy of Standing Clearance from respective SLDC/RLDC in the prescribed format.