**Annexure 1**

Warehouse Service Provider Allotted Code (WAC): _____
(To be maintained by WSP)

**KNOW YOUR DEPOSITOR (KYD) APPLICATION FORM**
***[For Individuals – Agriculture]***

PHOTOGRAPH

Please affix your recent passport size photograph & sign across it.

**Please fill this form in ENGLISH & in BLOCK LETTERS.**

**A. IDENTITY DETAILS**

1. **Name of the Depositor:** _____
2. **a) Nationality:** _____

   **b) Status:** Resident Individual / Non Resident / Foreign National. (If Non Resident / Foreign National, self-certified copy of statutory approval obtained must be attached)
3. **a) PAN:**_____

   **b) Aadhaar Number (UID):** _____

   **c) Any other proof of identity:** _____

**B. ADDRESS DETAILS**

**1. Address for correspondence:**

_____

City/ district /village:_____Pin Code: _____

State:_____Country: _____

**2. Address for Record (on Stock receipt):**

_____

City/ District /Village:_____Pin Code: _____

State:_____Country: _____

**3. Contact Details:**

Mobile No.:_____ Tel. (Res.) _____

Fax:_____Email id: _____

**C. OTHER DETAILS**

**1. Occupation & Income Details:**

Agri. & Allied activity / Salaried (Private Sector/ Public Sector/ Government Service) / Pensioner / Self-employed / Business or Trade / Student / Housewife / Other Source (Please specify)

**2. Annual Income:_____ ___**

**D. BANK ACCOUNT(S) DETAILS**

| Bank Name | Branch Address | Bank Account No. | Account Type: Saving/Current/ Others | MICR Number | IFSC code |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |

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

**E. EDCM / REPOSITORY ACCOUNT(S) DETAILS**

| Repository Participant Name | Repository Participant ID | Beneficiary Name | Beneficiary ID |
|---|---|---|---|
| | | | |
| | | | |

**F. TRADING ACCOUNT(S) DETAILS**

| Client Code (UCC) | Member Name | Member ID |
|---|---|---|
| | | |

**G. Goods and Services Tax (GST) Registration Details:**

| State | Depositor GST Number | Seller/Principal GST Number |
|---|---|---|
| | | |
| | | |
| | | |

***Note****: In case of operation in any States other than mentioned above, please provide GST Registration details of all other States as a separate Annexure to this Application along with certified copy of GST Registration certificate.*

**H.** Mandi license / APMC license **(As applicable, State wise)**
**(Copy of license to be submitted)**

Mandi license / APMC license No. : _____

Date of issue of license : _____

License valid up to : _____

**I. DOCUMENTS ATTACHED**

| | | | | |
|---|---|---|---|---|
| Self-attested copy of the GST Registration Certificate for the States in which the Depositor/Client/Seller/Principal is registered. | Yes | ☐ | No | ☐ |
| Self-attested copy of Mandi license / APMC license submitted. | Yes | ☐ | No | ☐ |
| Farmer – land records such as 7/12 extract or other state specific land related documents establishing identity as Farmer shall be submitted. | Yes | ☐ | No | ☐ |

**LIST OF DOCUMENTS FOR IDENTIFICATION:**
**[Attach self-attested copies of any two to indicate identity, signature verification & address]**
Please produce original for verification:

Passport / Driving License / Voter ID card / Aadhar Card / PAN Card

**DECLARATION**

1. 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 change 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.

2. I/We confirm having read/been explained and understood the details as filled in this document.

3. I/We understand that the goods whenever deposited, require to meet all statutory requirements besides the Exchange/CC quality specifications. I/we confirm that said goods do not violate any statutory requirement or compliances applicable to them as in force.

4. I/We confirm to abide by various central/state laws including Tax laws, and other Acts, Rules, Regulations, notification/orders and guidelines applicable to the said goods and as in force from time to time and shall indemnify the warehouse and MCCIL against any, and all litigations or actions / claims or proceedings arising on account of the information provided by me / us.

5. I/We understand that in the event of any non-compliance of any law, Rules, Regulations, Notification/s or order/s as applicable to the said goods, the Undersigned shall be solely and completely responsible and undertake to be so responsible and liable for such noncompliance and for any and all consequences thereof.

6. I/We further declare and agree that in no event, shall MCCIL or the said Warehouse be held liable for any damages, including but not limited to direct or indirect, special,

incidental, or consequential damages, losses or expenses arising on account of my/our non-compliance of any central/state laws as applicable to the said goods.

7. As a depositor, I/we hereby confirm that commodities / goods requested to be stored shall not be unauthorized, banned under the law or for any other unlawful activity and all authorization and/or consents, approvals that are required in connection with storage of these materials / commodities shall be obtained by me / us, and in the event of any liability, financial or otherwise, arising at any point in time due to any misrepresentation, for any unlawful activity and for non- compliance of applicable laws and regulations governing storage services rendered by warehouse, I/we shall indemnify warehouse for such losses / damages / penalties etc.

8. I/We shall ensure that the quality of commodities shall comply with the regulations laid down by the other authorities like Food Safety Standards Authority of India, AGMARK, BIS, etc.

9. I/We declare that, in case any storage receipt is endorsed to any other third party the same shall be promptly informed to the WSP.

**Place**_____ (_____)
**Date**_____ **Name & Signature of Depositor**

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**FOR OFFICE USE ONLY**

WSP Allotted Code (WAC): _____
Name of the Depositor:_____

Documents Submitted verified: Yes / No

| | Documents verified |
|---|---|
| Name of the Employee / Warehouse Official | |
| Employee Code | |
| Designation of the employee | |

_____
**Signature of the Authorized Signatory**

**Place:** _____
**Date** _____ **Seal/Stamp of the WSP**

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## ACKNOWLEDGEMENT

WSP Allotted Code (WAC): _____
Name of the Depositor:_____

Documents Submitted verified: Yes / No

| | Documents verified |
|---|---|
| Name of the Employee / Warehouse Official | |
| Employee Code | |

_____
**Signature of the Authorized Signatory**

**Place:** _____
**Date** _____

**Seal/Stamp of the WSP**