

CLIENT REGISTRATION FORM

To,
Indian Energy Exchange Limited
 Plot No. C-001/A/1, 9th Floor,
 Max Towers, Sec - 16B, Noida,
 Gautam Buddha Nagar,
 Uttar Pradesh- 201301

From:-
 Member _____
 Membership Code _____
 Membership Category (Please tick as appropriate)
 Facilitator
 Proprietary
 Trader

Dear Sir,

We request you to register the following entity as our Client. The details of Registration are as under:

- | | | |
|---|---|--|
| <input type="checkbox"/> ELECTRICITY
<input type="checkbox"/> Grid Connected Client
<input type="checkbox"/> Trader Client | <input type="checkbox"/> REC
<input type="checkbox"/> Eligible Entity
<input type="checkbox"/> Obligated Entity
<input type="checkbox"/> Voluntary Entity | <input type="checkbox"/> ESCERTS
<input type="checkbox"/> Buyer
<input type="checkbox"/> Seller |
|---|---|--|

1.	Name of the Client:			
2.	Registered Office Address:			
	City:	State:	Pin Code:	Country:
	Telephone (with STD Code):		Fax (with STD Code):	
	Email:			
3.	Address for Correspondence: <input type="checkbox"/> Same as above Else, please mention:			
	City:	State:	Pin Code:	Country:
	Telephone (with STD Code):		Fax (with STD Code):	
	Name of the contact person(s):			
	Email:			
	Designation:		Mobile: +91-	
4.	Unit Address: <input type="checkbox"/> Same as Registered Office Address <input type="checkbox"/> Same as Address for Correspondence Else, please mention:			
	City:	State:	Pin Code:	Country:
	Telephone (with STD Code):		Fax (with STD Code):	
	Unit Head Name:		Mobile: +91-	

5.	Nationality:	
6.	Constitution	Please tick the appropriate option: <input type="checkbox"/> Registered Partnership Firm <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Public Limited Company <input type="checkbox"/> HUF <input type="checkbox"/> PSU <input type="checkbox"/> Institution <input type="checkbox"/> Others (Please Specify):_____
7.	If, already registered with IEX	a) Name of Member: b) Client Registration Code:
8.	GSTIN:	
	GST Registration Address:	
9.	Date of Incorporation / Registration:	
10.	Permanent Account No.:	
11.	TAN No.:	
12.	Bank Account Details	
12.1	Bank Account Number: <i>(Please provide details of only operational bank account)</i>	
	Bank Name and Branch Address:	
	IFSC Code:	Account Operational since:
12.2	Client Settlement Account Number: <i>(if applicable)</i>	
	Bank Name and Branch Address:	
	Beneficiary Name:	
13.	ELECTRICITY SEGMENT	
13.1	If Trader Client, Trader Name:	
13.2	Grid Connection Details	
	Type of Entity: <input type="checkbox"/> Regional RLDC: _____	<input type="checkbox"/> Intra State DISCOM/STU: _____
13.3	Substation:	Connected Voltage Level:
13.4	Maximum Drawl Capacity:	Maximum Injection Capacity:
13.5	Consumer Category (as specified by Discom):	

13.6	Client Category <i>(Please tick the appropriate option)</i>									
a)	Distribution Licensee	<input type="checkbox"/> Private		<input type="checkbox"/> Government						
b)	Open Access Consumer	<input type="checkbox"/> Full Open Access		<input type="checkbox"/> Partial Open Access						
		Please tick the appropriate option:								
		Industrial								
		<input type="checkbox"/> Metal	<input type="checkbox"/> Textile	<input type="checkbox"/> Food						
		<input type="checkbox"/> Services or IT	<input type="checkbox"/> Automobiles	<input type="checkbox"/> Chemical						
		<input type="checkbox"/> Cement	<input type="checkbox"/> Ceramic	<input type="checkbox"/> Electronic Products						
		<input type="checkbox"/> Home Products	<input type="checkbox"/> Paper	<input type="checkbox"/> Glass						
		<input type="checkbox"/> Oil & Gas	<input type="checkbox"/> Jewelry	<input type="checkbox"/> Polyester & Yarn						
		<input type="checkbox"/> Plastic	<input type="checkbox"/> Others (Please Specify): _____							
		Commercial								
		<input type="checkbox"/> Educational Institute	<input type="checkbox"/> Housing /Hotels	<input type="checkbox"/> Office Complex						
		<input type="checkbox"/> Malls	<input type="checkbox"/> Hospitals	<input type="checkbox"/> Metro						
		<input type="checkbox"/> Airport	<input type="checkbox"/> Others (Please Specify): _____							
c)	Generator	Please tick the appropriate option:								
		<input type="checkbox"/> CGS	<input type="checkbox"/> SGS	<input type="checkbox"/> IPP						
		<input type="checkbox"/> CPP	<input type="checkbox"/> Co-generation plant	<input type="checkbox"/> Others (Please Specify): _____						
		Type								
		<input type="checkbox"/> Coal	<input type="checkbox"/> Gas	<input type="checkbox"/> Hydro	<input type="checkbox"/> Small Hydro	<input type="checkbox"/> Solar	<input type="checkbox"/> Wind			
		<input type="checkbox"/> Other Renewable	<input type="checkbox"/> Others (Please Specify): _____							
d)	Captive User	Consumer Type (Select from 'b' above) : _____								
		Generator Type (Select from 'c' above) : _____								
14.	REC SEGMENT									
14.1	Eligible Entity Details									
	S.No.	Project Name & Unit No.	Solar/ Non Solar*	Unique Project Identification Code	Location & Sub Station	Installed Capacity (Mw)	Date of Commissioning	Accreditation Certificate No.	Registration Certificate No.	
<p>1) If registered units are more than three, provide details on a separate sheet in the format prescribed above.</p> <p>2) Each registered entity will be given a unique portfolio number and treated as separate client.</p> <p>* Mention the appropriate option: Solar: Solar PV/ Solar Thermal Non Solar: Wind / Small Hydro / Biomass / Co generation /Others</p>										

14.2	Obligated Entity Client Details								
a)	Category of Obligated Entity								
	<input type="checkbox"/> Distribution Licensee			<input type="checkbox"/> Open Access Consumer			<input type="checkbox"/> Captive User		
b)	Facility Number:								
c)	State of which RPO to be met:								
d)	Registration No. : <small>(if issued by Central Agency)</small>								
e)	Maximum Demand / Contracted Demand:								
14.3	Voluntary Entity Client Details								
a)	Category of Voluntary Entity								
	<input type="checkbox"/> Individuals			<input type="checkbox"/> Corporates			<input type="checkbox"/> Others		
b)	Registration No. : <small>(if issued by Central Agency)</small>								
c)	Maximum Demand / Contracted Demand:								
15.	ESCERTS SEGMENT								
15.1.	Eligible Entity (EE) PAT Details:								
	S. 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 three, provide details on a separate sheet in the format prescribed above.									
15.2	Name of State Designated Agency:								

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

We undertake to inform changes in any of the above in writing immediately to the Exchange/Member and further undertake there, we shall be bound by the Bye-Laws, Rules and Business Rules of the Exchange, as amended from time to time, and shall maintain with the Exchange details of an individual whom the Exchange may contact in connection with any matter whatsoever relating to Client activities, and further understand and agree that this registration with the Exchange shall be terminated if Member/Client fail to comply with Electricity Act 2003, Rules and Regulations made there under, Bye-Laws, Rules and Business Rules of the exchange as amended from time to time.

Date: _____

Place: _____

Client Signature

Member Signature

Name of the Authorised Signatory

Name of the Authorised Signatory

Designation of the Authorised Signatory

Designation of the Authorised Signatory

Name of Client

Name of Member

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Affix Rubber Stamp

Documents to be submitted to the Exchange	
1. ELECTRICITY SEGMENT	
<ul style="list-style-type: none"> ● Copy of Power Purchase/Sale Agreement. On expiry of such Agreement, Member to submit revised agreement or request for deactivation of client (for Trader Client only) <input type="checkbox"/> ● NOC issued by SLDC/RLDC, if available. NOC to be submitted before trading <input type="checkbox"/> ● Copy of Member Client Agreement (MCA) <input type="checkbox"/> ● Copy of Risk Disclosure Document (RDD) <input type="checkbox"/> 	
2. REC SEGMENT	
<ul style="list-style-type: none"> ● Copy of Accreditation & Registration Certificate for each registered unit <input type="checkbox"/> ● Copy of Member Client Agreement (MCA) <input type="checkbox"/> ● Copy of GST Registration Certificate <input type="checkbox"/> ● Copy of Risk Disclosure Document (RDD) <input type="checkbox"/> 	
3. ESCERTS SEGMENT	
<ul style="list-style-type: none"> ● Copy of Registration Certificate for each registered unit as Eligible Entity <input type="checkbox"/> ● Copy of Member Client Agreement (MCA) <input type="checkbox"/> ● Copy of GST Registration Certificate <input type="checkbox"/> ● Copy of Risk Disclosure Document (RDD) <input type="checkbox"/> 	
Documents to be submitted to the Member	
1. In case of Corporates:- Board Resolution seeking membership of the Exchange and for appointment of authorized signatories and authorized persons <input type="checkbox"/>	
In case of a Partnership firm:- Certified true copy of Registered Partnership Agreement, undertaking from all partners authorizing the Managing Partner	
2. Copy of PAN card <input type="checkbox"/>	
3. Proof of Address <input type="checkbox"/>	
Important, please note	
1. The original should be submitted to Exchange within 7 days of registration	
2. Copy to be submitted to the Member for their records.	