

**APPLICATION FOR CANCELLATION OF APPOINTMENT
OF AUTHORISED PERSON**

(On the letter head of the Trading Member)

Membership Department
MCX Stock Exchange Limited,
2nd Floor, Exchange Square, Suren Road,
Chakala, Andheri (E), Mumbai 400 093.

Dear Sir/Madam,

I/We hereby request the Exchange for cancellation of appointment of following Authorised Person(s) with the Exchange whose details are as under:

Sr No.	Name of the Authorised Person	Trade Name of the Authorised Person /	Date of approval by Exchange	Date of Cancellation	Reason for cancellation

I /We certify and confirm the following:

1. The above mentioned authorised person has been disabled from trading.
2. The agreement(s) between me / us and the above mentioned Authorised Person(s) has/have been terminated.
3. There are no investor complaints / arbitration/disciplinary proceeding/investigation/inquiry pending against us in respect of clients dealing through this Authorised Person.
4. There is no dispute of any matter between us and this / these Authorised Person (s) stated above or between us and any of our clients concerning the said Authorised Person(s).
5. There is no action pending against the Authorised Person by SEBI/ Stock Exchange/ any other Regulatory Authority.
6. Investors/general public are informed about cancellation of above mentioned Authorised Person (s).
7. Copy of request(s) received from the Authorised Person(s) listed above is/are enclosed.
8. *Certified true copy of Board Resolution / Letter of Authority signed by all partners regarding approval for cancellation of Authorised Person appointment is also enclosed

I / We undertake to honour all the liabilities / obligations arising from the acts of omission or commission of the authorised person done by the authorised person / employees of the authorised person till the cancellation of appointment by the Exchange.

Please find enclosed the following payments:-

Cheque / DD/ Pay order No	Date of Cheque/ DD/ Pay order	Drawn on - Name of the bank and branch	Amount (Rs.) (including service tax @ 12.36%)

For any further communication in this regard, please contact the undersigned or Mr. / Ms. / Mrs. _____ (Name and Designation) on _____ (contact numbers) / email id _____.

Yours faithfully,

For _____ (name of the member)

(Signature of Sole Proprietor/ Individual / Designated Partner/ Designated Director of Trading Member)

Place:-

Date:-

Stamp of Trading Member

* Applicable in case the Authorised Person is a Corporate/ LLP/ Partnership Firm.