DIET ACTIVATION FORM

To
SHRI RAM COMMODITIES
124-125A, New Grain Market
Hisar Hayana -125001

Dear Sir/Madam

Request for Odin Diet Activation

I / We, the undersigned, would like to avail of your online trading service and agree to abide by all the necessary terms and conditions with respect to online trading as well as confirm that I/we am/are aware of the risks associated with online trading.

Accordingly, I / we would like to trade online through your Application (.exe) based Trading platform and request you to provide me with the same. I / we would like to give my / our consent on debit / withdrawal of the charges towards the Application (Exe/software) as mentioned below:

▸ Rs. 250/- (plus service tax) per month per exchange for charges towards MCX/NCDEX derivatives segments. This charge shall be waived, in full, if brokerage generated excluding taxes for a given month is at least Rs.2, 500/- per month per exchange.

Terms and Conditions:

1) Odin Diet charges will be levied at the beginning of the month on the basis of above mentioned criteria.
2) The software charge will be automatically applied for the subsequent month and will be debited to the Client's ledger account (as Software charge) by M/s Shri Ram Commodities under same terms and conditions. The software charge will NOT be refundable (unless as stated above) nor shall it be carried forward / adjusted against brokerage of any subsequent period.
3) The Client can choose to discontinue the usage of the Trading Application after the lapse of the initial month or such rollover period/month by giving a written and signed confirmation about discontinuing such usage, seven days prior to the beginning of the subsequent month.
4) M/s SHRI RAM COMMODITIES reserves the right to discontinue / modify / deny issue of Diet by giving a prior intimation / confirmation to the Client and the same shall be binding on the Client.

I / We hereby confirm that I / we have understood the Terms & conditions as mentioned above in regards to our request for providing the Odin Diet Platform and accept the same.

Client Code: Segment :- (Tick whichever is applicable)

Client Name: MCX   ◯

Client Signature: NCDEX   ◯

Date:-