

Format informing change in Authorised Signatories-Corporate

(On the letterhead of the member)

Date:

To,
Multi Commodity Exchange of India Ltd.,
Exchange Square, CTS no.255,
Gundavali, Suren Road,
Chakala, Andheri – East,
Mumbai – 400 093

Dear Sir,

Sub: Change in Authorised Signatories

Ref: Our Member ID No. _____

Please find enclosed herewith copy of Board Resolution regarding **change in authorised signatories** for transaction at MCX

We request you to please incorporate the same in your records

For any further communication in this regard, contact the undersigned Mr. /Ms. /Mrs.
_____ (name of the contact person) on _____ (contact numbers) or e-
mail _____

Thanking you,

Yours faithfully,

Signature of designated director with the rubber stamp of company.

Suggested format of Board Resolution
(On Company Letterhead)

CERTIFIED COPY OF THE RESOLUTION PASSED AT THE MEETING OF THE BOARD OF DIRECTORS OF _____ HELD ON _____ AT THE REGISTERED OFFICE OF THE COMPANY AT _____

AUTHORITY TO EXECUTE DOCUMENTS TO BE SUBMITTED BY THE COMPANY TO THE MULTI COMMODITY EXCHANGE OF INDIA LIMITED (MCX)

The Chairman informed the Board that the Company has decided to change the authorize signatory to sign /execute and submit all the papers, letter, agreements, documents, writings, submissions etc. to be submitted by the company in connection with the day-to-day business transactions, operations and correspondence at Multi Commodity Exchange of India Limited. After discussions, the following resolution was passed at the meeting:

“RESOLVED THAT the following persons namely

Name of Authorized Signatory	Designation	Specimen Signature

be and are hereby authorized to sign/execute and submit all the necessary papers, letters,agreements, documents, writings, submissions etc. to be submitted by the company to MCX as may be required for day-to-day transaction,operation and correspondence. The acts done and documents shall be binding on the company, until the same is withdrawn by giving written notice thereof.”

RESOLVED FURTHER THAT, Mr./Ms._____ and Mr./Ms._____ be excluded from the authorised signatories.

RESOLVED FURTHER THAT a copy of the above resolution duly certified as true by designated director/ authorised signatory of the company be furnished to MCX and such other parties as may be required from time to time in connection with the above matter.

Certified true copy

For (name of the Company)

Signature:

Name:

Designation:

Rubber Stamp