

Transfer of Membership

**Name of Member
Address**

**Member of
MCX**

Registered Office: 102 A, Landmark,
Suren Road, Chakala, Andheri (East),
Mumbai – 400 093.

NOTICE is hereby given that Mr./Ms./M/s.
_____, Member of MCX having
Membership ID No. _____ and Forward Markets Commission, Unique Member
Code No. as _____ are applying / have applied to MCX for transfer of our
Membership.

Any client/person having any claim / dispute / grievance against us arising out of our
transactions in commodities futures through MCX may furnish details of his / their claim
in writing to the Membership Department of the Exchange (MCX) at the Registered
Office address indicated above, enclosing therewith all supporting documents, within 15
days of the publication of this Notice.

For _____ (Trade Name of the Member).

Signature of the Authorized Person

Name of the Authorized Signatory

Designation

Date:

Place: