CLIENT REFERRAL FORM

To
VNS Finance & Capital Services Ltd
401-402, A Wing, Mangalya,
Marol Maroshi Road,
Near Marol Fire Station,
Andheri East, Mumbai 400 059.

Sub : Request for appointment as a Client Referrer

Dear Sir,

I wish to register with you as a client referrer using my registered client code. I intend to introduce other people to you as a client so they can avail your services.

In this regards, I hereby declare as under :

1. I am not a Member Broker or in any other way connected with any Stock Exchange or SEBI.
2. I am not an employee of any Stock Broker.
3. I am not a Sub Broker, Remisier and/or Authorised Person of any Stock Broker.
4. There has not been any action initiated or taken against me by SEBI \ Stock Exchange\ Stock Broker \ any other regulatory authority.
5. The referral scheme is not applicable for my immediate family members such as parents, siblings, spouse or children and while referring I undertake to disclose this fact.
6. I undertake to inform you immediately in case there is any incident that results in a change in my declaration.

Should I violate any of the above specified terms, I understand that my account may be suspended and/or terminated.

I understand that after referring any individual to VNS Finance & Capital Services Ltd (VNS), I will email at VNS **contactus@vnsfin.com** with **my Name**, and the **Individual's Name** and **Date of Birth** from **my registered email address** with VNS.

I will also fill out the **Introducer Details** section of the Trading Application Form with my details to confirm that I am the referrer for the new client.

My sharing for clients introduced by me will be as 10% of VNS' earnings.

In light of any change to regulatory, exchange, or broker policy, I understand that the referral arrangement is subject to modification at the discretion of the management of the company.

I understand that the jurisdiction in the case of any dispute shall lie in the competent court of judicature in Mumbai. Further this arrangement is subject to various provisions relating to arbitration and conciliation as per NSE & SEBI rules.

Yours Faithfully,

CLIENT'S SIGNATURE _____	DATE : ____/____/_____
CLIENT'S NAME : _____	
CLIENT'S VNS UNIQUE CLIENT CODE : _____ (LEAVE BLANK IF NEW CUSTOMER)	

CLIENT REFERRAL FORM

To
VNS Commodities Private Ltd.,
401-402, A Wing, Mangalya,
Marol Maroshi Road, Near Marol Fire Station,
Andheri East, Mumbai 400 059.

Sub: Request for appointment as a Client Referrer

Dear Sir,

I wish to register with you as a client referrer using my registered client code. I intend to introduce other people to you as a client so they can avail your services.

In this regards, I hereby declare as under:

1. I am not a Commodity Exchange Member Broker or in any other way connected with any Commodity Exchange or FMC.
2. I am not an employee of any Commodity Exchange Member.
3. I am not an Authorised Person of any Commodity Exchange Member.
4. There has not been any action initiated or taken against me by FMC / Commodity Exchange / Commodity Exchange Member Broker / any other regulatory authority.
5. I will not refer any immediate family members such as parents, siblings, spouse or children.
6. I undertake to inform you immediately in case there is any incident that results in a change in my dec-laration.

Should I violate any of the above specified terms, I understand that my account and/or some/all of my clients' accounts may be suspended and/or terminated.

I understand that after referring any individual to VNS Commodities Private Ltd (VNS), I will email at VNS contactus@vnsfin.com with my Name, and the Individual's Name and Date of Birth from my registered email address with VNS.

I will also fill out the Introducer Details section of the Trading Application Form with my details to confirm that I am the referrer for the new client.

In light of any change to regulatory, exchange, or broker policy, I understand that the referral arrangement is subject to modification at the discretion of the management of the company.

Yours Faithfully,

Introducer's Signature [18] _____ Date: ____/____/_____
Introducer's Name: _____ _____
Introducer's Client ID: _____ (LEAVE BLANK IF NEW CUSTOMER)