

**FOR PARTNERSHIP FIRM:**

**Annexure - DPG-1:**

Details of Dominant Promoter Group as on \_\_\_\_\_ (Date)

Sr. No	Name	No of Shares*		Total Amount Paid*		% of total*		Total
		Self	Relative	Self	Relative	Self	Relative	
1								
2								
3								
4								
Total								

Date:

1. \_\_\_\_\_  
Signature(s)  
of managing partner  
with name and  
rubber stamp

2. \_\_\_\_\_  
Signature(s)  
of managing partner  
with name and  
rubber stamp

Place:

**AUDITOR'S CERTIFICATE**

This is to certify that the sharing pattern in \_\_\_\_\_ as given above, based on my/our scrutiny of the books of accounts, records and documents is true and correct to the best of my/our knowledge and as per information provided to my/our satisfaction.

Date:

For (Name of Accounting Firm)

Place:

Name of the Partner/Proprietor  
Chartered Accountant  
Membership Number  
Rubber stamp of firm

\*For arriving at the sharing of persons constituting the Dominant Promoter Group the shareholding of close relatives, namely parents, spouse, children and their descendants, brothers, sisters and associates only may also be counted provided these relatives give an irrevocable, unconditional support in writing on the prescribed format of Exchange.

**Annexure - DPG-2:**

Undertaking from Relative of Persons constituting DPG (Dominant Promoter /Partner Group)  
{Each relative is to submit separate copy of this disclosure in the form of Annexure}

I, Mr/Ms/Mrs. \_\_\_\_\_, son / daughter / wife of \_\_\_\_\_ resident of \_\_\_\_\_ declare that

I am partner in the Partnership Firm \_\_\_\_\_ For sharing profit and loss to the extent of \_\_\_\_\_% as on \_\_\_\_\_ (Date)

I state that I shall irrevocably and unconditionally support in respect of my sharing pattern.

Mr/ Mrs \_\_\_\_\_, a partner in the above mentioned partnership firm. I further state that I have no objection to my above mentioned sharing pattern being clubbed with the sharing pattern of Mr / Mrs \_\_\_\_\_ who is my \_\_\_\_\_ (give relationship with the latter) for the purpose of determining the dominant partner group of the said Partnership Firm

This support is irrevocable and I also undertake to give prior information to the Multi Commodity Exchange of India Limited before selling or otherwise transferring my part or whole of my above mentioned sharing pattern.

Date:  
Place:

Signature: \_\_\_\_\_  
(Name of the Relative of Persons constituting DPG)

WITNESS BY:

Name:  
Address:  
Signature:  
Place:  
Date:

**AUDITOR'S CERTIFICATE**

This is to certify that the sharing pattern of \_\_\_\_\_ as indicated above, based on my / our scrutiny of the books of accounts, records and documents is true and correct to the best of my/ our knowledge and as per information provided to my / our satisfaction.

Date:  
Place:

For (Name of Accounting Firm)

Name of the Partner/Proprietor  
Chartered Accountant  
Membership Number  
Rubber stamp of firm

\*For arriving at the sharing of persons constituting the Dominant Promoter Group the shareholding of close relatives, namely parents, spouse, children and their descendants, brothers, sisters and associates only may also be counted provided these relatives give an irrevocable, unconditional support in writing on the prescribed format of Exchange.

**FOR CORPORATE:**

**Annexure - DPG-1:**

Details of Dominant Promoter Group as on \_\_\_\_\_ (Date)

Sr. No	Name	No of Shares*		Total Amount Paid*		% of total*		Total
		Self	Relative	Self	Relative	Self	Relative	
1								
2								
3								
4								
Total								

Date:

1. \_\_\_\_\_  
Signature(s)  
of designated directors  
with name and  
rubber stamp

2. \_\_\_\_\_  
Signature(s)  
of designated director  
with names and  
rubber stamp

Place:

**AUDITOR'S CERTIFICATE**

This is to certify that the Shareholding in \_\_\_\_\_ as given above, based on my/ our scrutiny of the books of accounts, records and documents is true and correct to the best of my/our knowledge and as per information provided to my/our satisfaction.

Date:

For (Name of Accounting Firm)

Place:

Name of the Partner/Proprietor  
Chartered Accountant  
Membership Number  
Rubber stamp of firm

\*For arriving at the shareholding of persons constituting the Dominant Promoter Group the shareholding of close relatives, namely parents, spouse, children and their descendants, brothers, sisters and associates only may also be counted provided these relatives give an irrevocable, unconditional support in writing on the prescribed format of Exchange.

**Annexure - DPG-2:**

Undertaking from Relative of Persons constituting DPG (Dominant Promoter /Partner Group)  
**{Each relative is to submit separate copy of this disclosure in the form of Annexure}**

I, Mr/Ms/Mrs. \_\_\_\_\_, son / daughter / wife of \_\_\_\_\_ resident of \_\_\_\_\_ declare that

I am the absolute owner of \_\_\_\_\_ ( Number of shares ) Shares of Rs. \_\_\_\_\_ each of Rs. \_\_\_\_\_ per share paid up, which constitutes \_\_\_\_\_ % of the total paid up capital of the company \_\_\_\_\_ Private Limited / Limited \_\_\_\_\_ as on this date.

I state that I shall irrevocably and unconditionally support in respect of my shareholding

Mr/ Mrs \_\_\_\_\_, a shareholder in the above mentioned company. I further state that I have no objection to my above mentioned shareholding being clubbed with the shareholding of Mr / Mrs \_\_\_\_\_ who is my \_\_\_\_\_ (give relationship with the latter) for the purpose of determining the dominant promoter group of the said Company.

This support is irrevocable and I also undertake to give prior information to the Multi Commodity Exchange of India Limited before selling or otherwise transferring my part or whole of my above mentioned shareholding.

Date:  
Place:

Signature: \_\_\_\_\_  
(Name of the Relative of Persons constituting DPG)

WITNESS BY:

Name:  
Address:  
Signature:  
Place:  
Date:

**AUDITOR'S CERTIFICATE**

This is to certify that the shareholding of \_\_\_\_\_ as indicated above, based on my / our scrutiny of the books of accounts, records and documents is true and correct to the best of my/ our knowledge and as per information provided to my / our satisfaction.

Date:  
Place:

For (Name of Accounting Firm)

Name of the Partner/Proprietor  
Chartered Accountant  
Membership Number  
Rubber stamp of firm

\*For arriving at the shareholding of persons constituting the Dominant Promoter Group the shareholding of close relatives, namely parents, spouse, children and their descendants, brothers, sisters and associates only may also be counted provided these relatives give an irrevocable, unconditional support in writing on the prescribed format of Exchange.

**Annexure - DPG-2:**

**UNDERTAKING FROM CORPORATES SUPPORTING DPG  
(Dominant Promoter Group)**

We, M/s \_\_\_\_\_ Limited, incorporated as a company under the Companies Act, 1956 and having its registered office at \_\_\_\_\_ do state as under:

(a) As per the existing norms of Multi Commodity Exchange of India Limited (MCX) the shareholding of Mr / Ms \_\_\_\_\_\* in our company in direct proportion to our shareholding in the TCM Member company, may be reckoned for the purpose of arriving at the dominant group in M/s. \_\_\_\_\_ (TCM Company).

(b) We are \_\_\_\_\_% shareholder of the TCM Company and Mr / Ms \_\_\_\_\_ dominant promoters of the Trading Member Company along with his / her specified relative's i.e. \_\_\_\_\_ are having \_\_\_\_\_% shareholding in our company.

(c) Mr / Ms \_\_\_\_\_\* have requested Multi Commodity Exchange of India Limited to consider their shareholding in our company in the permissible proportion to arrive at the dominant shareholders in the TCM Company and also requested us to given an irrevocable undertaking extending unconditional support to Mr / Ms \_\_\_\_\_ (Name of the Dominant Promoters of the TCM company) to enable Multi Commodity Exchange of India Limited to consider aforesaid as dominant group)

(d) We hereby extend our unconditional and irrevocable support in support of Mr / Ms \_\_\_\_\_ (Name of the Dominant Promoters of TCM company) for the purpose of the determining the dominant group in the said TCM company.

(e) We also undertake to give prior information to Multi Commodity Exchange of India Limited before effecting any change in the shareholding of Mr / Ms \_\_\_\_\_\*

Date:

Place:

Signature: \_\_\_\_\_

Name of the Director:

WITNESS BY:

Name:

Address:

Signature:

Place:

Date:

\* Name of Dominant Promoters of the TCM company along with their specified relatives having shareholding in the corporate giving the undertaking.

**AUDITOR'S CERTIFICATE**

This is to certify that the shareholding of M/s \_\_\_\_\_ is/are as mentioned below, based on our scrutiny of the books of accounts, records and documents.

We further certify that the information given above is true and correct to the best of our knowledge and as per the information provided to our satisfaction.

Sr. No	Name of Shareholder	No of Shares	Paid up Share Capital	% of share holding

Date:

For (Name of Accounting Firm)

Place:

Name of the Partner/Proprietor  
Chartered Accountant  
Membership Number  
Rubber stamp of firm

Note: The above certificate and Board Resolution should be given alongwith the undertaking as given by corporates supporting the dominant promoter group.

**BOARD RESOLUTION**

**(On the letterhead of the company)**

(CERTIFIED TRUE COPY OF THE RESOLUTION PASSED AT THE MEETING OF THE BOARD OF DIRECTORS OF \_\_\_\_\_ (NAME OF COMPANY) HELD ON \_\_\_\_\_(DATE ) AT \_\_\_\_\_( VENUE )

---

---

Resolved that the company do extend its unconditional and irrevocable support in favour of Mr / Ms \_\_\_\_\_ for the purpose of determining the dominant group in M/s \_\_\_\_\_ (Trading-cum-Clearing Member) and accordingly, execute necessary documents including an irrevocable undertaking to give effect to the same and submit it to Multi Commodity Exchange of India Limited (MCX).

Resolved further that Mr /Ms \_\_\_\_\_, Director(s) of the company be and is / are hereby authorised to execute necessary documents including undertakings as prescribed by Multi Commodity Exchange of India Limited from time to time.

Certified to be true

**Signature of Chairman/Designated Director**

**Name of the Company**

**Name of the Signatory**

**Rubber stamp**