

Client – Registration Form (Member to Exchange)

To

Power Exchange Limited,
“Exchange Plaza”,
Bandra-Kurla Complex,
Bandra (E)
Mumbai- 400 051

Dear Sir,

We request you to register the following entity as our client. The details of Registration are as under:

Client Category

- Grid Connected Client**
 Trader Client

1. Name of Applicant :
(In **BLOCK** Letters)
2. Constitution: Individual/ Partnership firm/ Corporate/ Government Organisation /Others(please specify)
3. Date of Birth/Incorporation/Registration: DD/MON/YYYY
4. Permanent Account No :
5. Brief Description of principal activity of the applicant :
6. Registered Office :
(Applicable only in case of corporate/partnership firms)

Flat/Door/Block no.	
Name or Premise/ Building	
Road/Street/Lane/Post Office	
Area/Locality/Taluka	
City	
District	
State/Union Territory	
Pin code	

STD Code	
Telephone No.	
Mobile No.	
Fax	
E-mail ID	
Website	

7. Correspondence/Mailing address –
 (Pls give the complete details as point no. 7, in case the same is different from registered address)

Flat/Door/Block no.	
Name or Premise/ Building	
Road/Street/Lane/Post Office	
Area/Locality/Taluka	
City	
District	
State/Union Territory	
Pin code	
STD Code	
Telephone No.	
Mobile No.	
Fax	
E-mail ID	
Website	

8. Details of the Chief Executive Officer/Managing Director/Managing Partner/Proprietor

Name	
Designation	
Tel. No.	
Fax No.	
Mobile No.	
E-mail ID	
PAN	

9. Connectivity Details

(A) Grid Connected Client Details	
I. Grid Connection details :	
a) Maximum Capacity to Inject	
b) Maximum Capacity of Drawl	
c) Voltage Level	
d) Point of Connection (Name of EHV station of ISTS/InSTS)	
e) Single Line Diagram of Point of Connection (enclosed)	
f) If applicant is embedded in DISCOM	
Name of DISCOM	
State	
g) In case of Open Access Standing Clearance	
Open Access Permission Valid upto (Copy Enclosed)	
II. Copy of Power Purchase/Sale Agreement	

(B) Trader Client Details	
I. Entity on whose behalf power is being purchased/sold	
II. Grid Connection details :	
a) Maximum Capacity to Inject	
b) Maximum Capacity of Drawl	
c) Voltage Level	
d) Point of Connection (Name of EHV station of ISTS/InSTS)	
e) Single Line Diagram of Point of Connection (enclosed)	
f) If applicant is embedded in DISCOM	
Name of DISCOM	
State	
g) In case of Open Access Standing Clearance	
Open Access Permission Valid upto (Copy Enclosed)	
III. Copy of Power Purchase/Sale Agreement	

The information furnished above is true to the best of my knowledge and belief.

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting I am aware that I may be held liable for it.

Place: _____

Date: _____

Authorized Signatories:

Signature(s):

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(Names)

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(Designation)

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Enclosure:

1. Copy of Standing Clearance from SLDC/RLDC
2. Copy of Power Purchase/Sale Agreement (For Trader Client Only)
3. Single Line Diagram of Point of Connection