

**Power Exchange India Limited****CIRCULAR****Circular No** : PXIL/C&S/2021-2022/340**Date of Issue** : September 1st, 2021.**Subject** : Registration fees (Processing, One Time and PAT Cycle) Waiver for Members / Clients under ESCERT Segment till September 21<sup>st</sup>, 2021

Dear Member(s),

We are pleased to inform that transaction of Energy Saving Certificates (ESCerts) on PXIL would begin in the month of September 2021 subject to appropriate notifications from the Bureau of Energy Efficiency.

In order to encourage maximum number of Participation in the Energy Saving Certificate (ESCERT) segment, the Exchange has announced Registration Fees (Processing, One Time and PAT Cycle) waiver for all the Members / Clients registering with PXIL under ESCERT segment on or before 21st September 2021.

The Registration fees for Members / Client are waived only for the ESCERT segment till 21st September 2021. All the Members / Clients are requested to avail the fee waiver under ESCERTS segment and get their registration done.

The registration forms are provided as annexure (Annexure 1 for Existing Clients and Annexure 2 for New Clients) to this Circular. Electronic version of the membership forms may also be downloaded from <https://powerexindia.in/code/frontend/subpages/Membership.html/>

For further details or any further assistance feel free to get in touch with the Membership / Clearing & Settlement Department on below mentioned phone numbers:

<b>Sr</b>	<b>Name</b>	<b>Mobile No.</b>
1	Mr. Arun Mishra	9869845829
2	Mr. Manas Sahoo	9930902778
3	Mr. Shailesh Prajapati	7021921824
4	Mr. Hasmukh Pandya	9082599154

**Fax No** : +91- 22- 40096633**Email** : [clearing.settlement@pxil.co.in](mailto:clearing.settlement@pxil.co.in)**For and on behalf of**  
**Power Exchange India Limited**

Sd/-

**Mukti Prakash Marchino****AVP & Head (Market Operations, Membership and Clearing & Settlement)**

**CLIENT TO MEMBER (For Existing Clients on PXIL)**

To,

PXIL Member name	:	
PXIL Member ID	:	
Member Address	:	

Application For  ESCerts

1. Name of Client	
2. TAC ID (Client Code)	
3. Permanent Account No (PAN)	
4. GST Number	
5. TAN	

6. CONSTITUTION OF APPLICANT	<b>Choose an item.</b>	
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**Unit Type**

a. Distribution Licensee	:	<input type="checkbox"/> Government	<input type="checkbox"/> Private
b. Generator	:	<b>Choose an item.</b>	
c. Open Access Consumer	:	<input type="checkbox"/> Industrial	<input type="checkbox"/> Commercial
		<b>Choose an item.</b>	
d. Captive User	:	<input type="checkbox"/> Open Access Customer	<input type="checkbox"/> Generator Types
		<b>Choose an item.</b>	
e. Source type/ Industrial Sector	:	<b>Choose an item.</b>	

**DETAILS FOR ESCerts SEGMENT**

Eligible Entity (EE) PAT Details	Registration Certificate Number if issued or expected date of issuance	:	
	PAT Cycle	:	
	Name of State Designated Agency	:	

**1. Client Declaration to Member & Exchange:**

I/We hereby authorize the Member under whom I/We is/are registered to submit orders on my/our behalf. I/We hereby further declare that order(s) placed on Power Exchange India Limited (PXIL) trading system by the Member on my/our behalf shall be deemed to have received prior approval from me/us.

I/We enter into agreement to abide by all the terms and conditions of the Exchange and further undertake that to and for the benefit of the Exchange, I/We shall be bound by the Bye-Laws, Rules and Business Rules of the Exchange, as amended from time to time, and further understand and agree that my registration with the Exchange shall be terminated if I/We fail to comply with any of these Bye-Laws, Rules and Business Rules, as amended or my Member's membership is cancelled or terminated for any reason.

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

Place :   
Date :

Authorized Signatories Signature(s) \*:  
(Affix Stamp of Applicant)

\*To be signed by Client

(Names & Designation of the signatories)

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For Office Purpose (To be completed, signed and authorized by the member)

Verified by (Name & Signature) :   
Authorized by (Name & Signature) :

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## Client Information Form – Existing Member Annexure 1

**MEMBER to Exchange (For Existing Clients on PXIL)**

To,  
**Power Exchange India Limited.**  
 9th Floor, 901, Sumer Plaza, Marol Maroshi Rd, Andheri East,  
 Mumbai, Maharashtra 400059

1. Member ID	
2. Member Name	
3. Membership Type	<b>Choose an item.</b>

Application For  ESCerts

4. Name of Client	
5. TAC ID (Client Code)	
6. Permanent Account No (PAN)	
7. GST Number	
8. TAN	

9. CONSTITUTION OF APPLICANT	<b>Choose an item.</b>	
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**Unit Type**

f. Distribution Licensee	:	<input type="checkbox"/> Government	<input type="checkbox"/> Private
g. Generator	:	<b>Choose an item.</b>	
h. Open Access Consumer	:	<input type="checkbox"/> Industrial	<input type="checkbox"/> Commercial
		<b>Choose an item.</b>	
i. Captive User	:	<input type="checkbox"/> Open Access Customer	<input type="checkbox"/> Generator Types
		<b>Choose an item.</b>	
j. Source type/ Industrial Sector	:	<b>Choose an item.</b>	

**DETAILS FOR ESCerts SEGMENT**

Eligible Entity (EE) PAT Details	Registration Certificate Number if issued or expected date of issuance	:	
	PAT Cycle	:	

*Client Information Form – Existing Member Annexure 1*

	Name of State Designated Agency	:	
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**7. Member Declaration to Exchange:**

I/We hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I/We undertake to inform changes in any of the above in writing immediately to the Exchange and further undertake that to and for the benefit of the Exchange, I/We shall be bound by the Bye-Laws, Rules and Business Rules of the Exchange, as amended from time to time, and shall maintain with the Exchange details of an individual whom the Exchange may contact in connection with any matter whatsoever relating to my/our activities, and further understand and agree that my/our registration with the Exchange shall be terminated if I/We fail to comply with any of these Bye-Laws, Rules and Business Rules, as amended from time to time or my/our registration is cancelled or terminated for any reason.

Member Code:  Member Name:

Authorized Signatories Signature(s) \*:  
(Affix Stamp of Member)

(Name & Designation of the Signatory)

Place:

Date:


**CLIENT TO MEMBER**

To,

PXIL Member Id \_\_\_\_\_

PXIL Member Name \_\_\_\_\_

Membership Type **Choose an item.**

Dear Sir,

We request you to register us as your **Choose an item.** Client for Trading in **Choose an item.** Segment of PXIL.

8. Name of Client	
9. Date of Birth / Incorporation / Registration	
10. Permanent Account No (PAN)	
11. GST Number	
12. TAN	
13. CIN	
14. CONSTITUTION	<b>Public Sector Undertaking</b>

**15. Unit Type**

k. Distribution Licensee	:	<input type="checkbox"/> Government	<input type="checkbox"/> Private
l. Generator	:	<b>Choose an item.</b>	
m. Open Access Consumer	:	<input type="checkbox"/> Industrial	<input type="checkbox"/> Commercial
		<b>Choose an item.</b>	<b>Choose an item.</b>
n. Captive User	:	<input type="checkbox"/> Open Access Customer	<input type="checkbox"/> Generator Types
		<b>Choose an item.</b>	<b>Choose an item.</b>
o. Source type/ Industrial Sector	:	<b>Choose an item.</b>	

9. Office Address and Contact Details of the Applicant :  **Please tick if both addresses are same; else fill in both columns**

	REGISTERED OFFICE / PRINCIPAL PLACE OF BUSINESS	CORRESPONDENCE/MAILING
Name of the Contact Person		
Address		

Initial of Member Sign 1 Rubber stamp

City		
State/Union Territory		
Pin code		
Mobile No.		
Telephone No. (with STD Code)		
Fax (with STD Code)		
E-mail ID		
Website		
CIN No.		

**10. Unit/Plant Address**

Address	
City	
District	
State	
PIN Code	

**11. Contact details for the Password and PIN**

Email Id for Password/PIN	
Mobile no. for Password PIN	

**12. Bank Account Details of the Applicant(Only for AM client)**

Bank Account Number		Branch Address	
Bank A/c held in the name of (Beneficiary Name)		Branch Code	
Bank Name		IFSC code	

**DETAILS FOR PHYSICAL SEGMENT****13. Connectivity Details (Not required from Cross Border Clients)**

i) Maximum Capacity to Inject(MW)		Open Access Valid Upto	
ii) Maximum Capacity of Drawl(MW)		v) If applicant is embedded in DISCOM	
iii) Voltage Level(KV)		Name of DISCOM	
iv) Point of Connection (Name of EHV station of ISTS/InSTS)		State	

**DETAILS FOR REC SEGMENT**

<b>Client Category</b> (Tick the applicable)	:	<input type="checkbox"/>	Eligible Entity	<input type="checkbox"/>	Obligated Entity	<input type="checkbox"/>	Voluntary Entity
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**14. Eligible Entity (RE Generator) (Seller Client Details)**

Tick the relevant category  Existing  Proposed

RE units proposed to be mapped under this client registration.

No.*	Project Name & Unit No.	Installed Capacity	Accreditation Certificate No.**	Registration Certificate No.**

\* If units to be registered are more than five, enclose details of remaining registered units on a separate sheet in the above format

\* Each registered entity will be given a unique Client ID and CA Client ID and treated as separate client.

(Mandatory)

\*\*Copy of Accreditation & Registration Certificate to be enclosed (Mandatory)

**15. Obligated Entity (Buyer Client Details)**

No.*	State(s) of which RPO to be met	Buyer / Registration No. (if issued by Nodal Agency NLDC):	City	State	Pin Code (of Plant/ Unit)

\* If units to be registered are more than five, enclose details of remaining registered units on a separate sheet in the above format

**DETAILS FOR ESCerts SEGMENT**

**16. ESCerts details:**

Eligible Entity (EE) PAT Details	Registration Certificate Number if issued or expected date of issuance	:	
	PAT Cycle	:	
	Name of State Designated Agency	:	

**DETAILS OF CROSS BORDER ENTITY**

**17. For Import/Export of electricity from/to India to/from neighboring country through Indian Trading licensee in Indian Power exchange(s)**

i) DAM <input type="checkbox"/>	Other than DAM <input type="checkbox"/>	ii) Injection / Drawal point Country:
iii) Time period (from date – to date)		iv) Quantum in MW :

Initial of Member Sign 1 Rubber stamp



**18. Client Declaration to Member & Exchange:**

I/We hereby authorize the Member under whom I/We is/are registered to submit orders on my/our behalf. I/We hereby further declare that order(s) placed on Power Exchange India Limited (PXIL) trading system by the Member on my/our behalf shall be deemed to have received prior approval from me/us.

I/We enter into agreement to abide by all the terms and conditions of the Exchange and further undertake that to and for the benefit of the Exchange, I/We shall be bound by the Bye-Laws, Rules and Business Rules of the Exchange, as amended from time to time, and further understand and agree that my registration with the Exchange shall be terminated if I/We fail to comply with any of these Bye-Laws, Rules and Business Rules, as amended or my Member’s membership is cancelled or terminated for any reason.

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

Place: _____	Affix photograph and sign across the photograph	Affix photograph and sign across the photograph
Date: _____		
Authorized Signatories Signature(s) *: (Affix Stamp of Applicant)		
*To be signed by Client		
(Names & Designation of the signatories)		

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For Office Purpose (To be completed, signed and authorized by the member)

Verified by (Name & Signature) : \_\_\_\_\_

Authorized by (Name & Signature) : \_\_\_\_\_

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Documents to be submitted along with Client Registration Form by client to Member:

1. Member Client Agreement.
2. Copy of Standing Clearance from respective SLDC/RLDC in the prescribed format
3. Copy of Accreditation & Registration Certificate (only for REC Seller)
4. Original Trading & Clearing undertaking in favour of PXIL on Rs. 600/- Stamp paper signed and executed by client. (Only for AM Client)
5. Five Point Confirmation signed by the client in case of Settlement Account.(Only for AM Client)
6. Bank Account Confirmation signed by client in case of Pool Account Facility. (Only for AM Client)
7. PAN copy – Self attested (Not Applicable for Cross Border Clients)
8. GST Certificate – Self Attested (Not Applicable for Cross Border Clients)
9. Authority letter from CEA (Cross Border Clients)

Initial of Member Sign 1 Rubber stamp

## MEMBER TO EXCHANGE

To,  
**Power Exchange India Limited.**  
 9th Floor, #901 , Sumer Plaza, Marol Maroshi Rd, Andheri East,  
 Mumbai, Maharashtra 400059

Member Id \_\_\_\_\_ Membership Type **Choose an item.**

Member Name \_\_\_\_\_

Dear Sir,

We request you to register the **Choose an item.** as our Client in **Choose an item..**

16. Name of Client	
17. Date of Birth / Incorporation / Registration	
18. Permanent Account No (PAN)	
19. GST Number	
20. TAN	
21. CIN	
22. CONSTITUTION	<b>Choose an item.</b>

### 23. Unit Type

p. Distribution Licensee	:	<input type="checkbox"/> Government	<input type="checkbox"/> Private
q. Generator	:	<b>Choose an item.</b>	
r. Open Access Consumer	:	<input type="checkbox"/> Industrial	<input type="checkbox"/> Commercial
		<b>Choose an item.</b>	<b>Choose an item.</b>
s. Captive User	:	<input type="checkbox"/> Open Access Customer	<input type="checkbox"/> Generator Types
		<b>Choose an item.</b>	<b>Choose an item.</b>
t. Source type/ Industrial Sector	:	<b>Choose an item.</b>	

19. Office Address and Contact Details of the Applicant :  **Please tick if both addresses are same; else fill in both columns**

	REGISTERED OFFICE / PRINCIPAL PLACE OF BUSINESS	CORRESPONDENCE/MAILING
Name of the Contact Person		
Address		

City		
State/Union Territory		
Pin code		
Mobile No.		
Telephone No. (with STD Code)		
Fax (with STD Code)		
E-mail ID		
Website		
CIN No.		

**20. Unit/Plant Address**

Address	
City	
District	
State	
PIN Code	

**21. Contact details for the Password and PIN**

Email Id for Password/PIN	
Mobile no. for Password PIN	

**22. Bank Account Details of the Applicant(Only for AM client)**

Bank Account Number		Branch Address	
Bank A/c held in the name of (Beneficiary Name)		Branch Code	
Bank Name		IFSC code	

**DETAILS FOR PHYSICAL SEGMENT**

**23. Connectivity Details (Not required from Cross Border Clients)**

i) Maximum Capacity to Inject(MW)		Open Access Valid Upto	
ii) Maximum Capacity of Drawl(MW)		v) If applicant is embedded in DISCOM	
iii) Voltage Level(KV)		Name of DISCOM	
iv) Point of Connection (Name of EHV station of ISTS/InSTS)		State	

Initial of Member Sign 1 Rubber stamp

**DETAILS FOR REC SEGMENT**

<b>Client Category</b> (Tick the applicable)	:	<input type="checkbox"/>	Eligible Entity	<input type="checkbox"/>	Obligated Entity	<input type="checkbox"/>	Voluntary Entity
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**24. Eligible Entity (RE Generator) (Seller Client Details)**

Tick the relevant category  Existing  Proposed

RE units proposed to be mapped under this client registration.

No. *	Project Name & Unit No.	Installed Capacity	Accreditation Certificate No.**	Registration Certificate No.**

\* If units to be registered are more than five, enclose details of remaining registered units on a separate sheet in the above format

\* Each registered entity will be given a unique Client ID and CA Client ID and treated as separate client.

**(Mandatory)**

\*\*Copy of Accreditation & Registration Certificate to be enclosed **(Mandatory)**

**25. Obligated Entity (Buyer Client Details)**

No.*	State(s) of which RPO to be met	Buyer / Registration No. (if issued by Nodal Agency NLDC):	City	State	Pin Code (of Plant/ Unit)

\* If units to be registered are more than five, enclose details of remaining registered units on a separate sheet in the above format

**DETAILS FOR ESCerts SEGMENT**

**26. ESCerts details:**

Eligible Entity (EE) PAT Details	Registration Certificate Number if issued or expected date of issuance	:	
	PAT Cycle	:	
	Name of State Designated Agency	:	

**DETAILS OF CROSS BORDER ENTITY**

**27. For Import/Export of electricity from/to India to/from neighboring country through Indian Trading licensee in Indian Power exchange(s)**

Initial of Member Sign 1 Rubber stamp

i) DAM <input type="checkbox"/>	Other than DAM <input type="checkbox"/>	ii) Injection / Drawal point Country:
iii) Time period (from date – to date)		iv) Quantum in MW :

**28. Member Declaration to Exchange:**

I/We hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I/We undertake to inform changes in any of the above in writing immediately to the Exchange and further undertake that to and for the benefit of the Exchange, I/We shall be bound by the Bye-Laws, Rules and Business Rules of the Exchange, as amended from time to time, and shall maintain with the Exchange details of an individual whom the Exchange may contact in connection with any matter whatsoever relating to my/our activities, and further understand and agree that my/our registration with the Exchange shall be terminated if I/We fail to comply with any of these Bye-Laws, Rules and Business Rules, as amended from time to time or my/our registration is cancelled or terminated for any reason.

Member Code:

Member Name:

Authorized Signatories Signature(s) \*:  
(Affix Stamp of Member)

(Name & Designation of the Signatory) \_\_\_\_\_

Place: \_\_\_\_\_ Date: \_\_\_\_\_

Documents to be submitted along with Client Registration Form by Member to Exchange:

10. Copy of Standing Clearance from respective SLDC/RLDC in the prescribed format
11. Copy of Accreditation & Registration Certificate (only for REC Seller)
12. Original Trading & Clearing undertaking in favour of PXIL on Rs. 600/- Stamp paper signed and executed by client. (Only for AM client)
13. Five Point Confirmation signed by the client in case of Settlement Account. (Only for AM client)
14. Bank Account Confirmation signed by client in case of Pool Account Facility. (Only for AM client)
15. PAN copy – Self attested (Not Applicable for Cross Border Clients)
16. GST Certificate – Self Attested (Not Applicable for Cross Border Clients)
17. Authority letter from CEA (Cross Border Clients)

Initial of Member Sign 1 Rubber stamp