

Date : **ADDITIONAL INFORMATION FOR DEMAT/TRADING ACCOUNT**
 To,
SPA SECURITIES LIMITED
 25, C-Block, Community Centre, Janak Puri, New Delhi – 110058



| | | | |
|---|---|----------------------|--|
| My Maiden Name (if any) | | Mother Name | |
| I / We would like to instruct the DP to accept all the pledge instructions in my /our account without any other further instruction from my/our end (If not marked, the default option would be 'No') | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I / We request you to send Electronic Transaction-cum-Holding Statement or any other correspondence at the email ID | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I / We would like to share the email ID with the RTA (If not marked, the default option would be 'YES') | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Email ID provided in the Account opening form belongs to | | | <input type="checkbox"/> Me <input type="checkbox"/> My family* |
| Mobile Number provided in the Account opening form belongs to | | | <input type="checkbox"/> Me <input type="checkbox"/> My family* |
| I / We would like to receive the Annual Report from companies in : (Tick the applicable box. If not marked the default option would be in Physical) | | | <input type="checkbox"/> Physical <input type="checkbox"/> Electronic <input type="checkbox"/> Both Physical & Electronic |
| Is your Country of Tax Residency OTHER THAN INDIA (information required under FATCA & CRS) | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Account Statement Requirement (If not marked, the default option would be 'As per SEBI Regulation') | | | <input type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly |
| Transactions Using Secured Texting Facility (TRUST). Refer to Terms and Conditions Annexure – 2.6 | I wish to avail the TRUST facility using the Mobile number registered for SMS Alert Facility. I have read and understood the Terms and Conditions prescribed by CDSL for the same. <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | I/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST | | |
| | Stock Exchange Name/ID | Clearing Member Name | Clearing Member ID (Optional) |
| | | | |

| | |
|--|---|
| For Individuals only Income Range per annum: <input type="checkbox"/> Up to Rs.1,00,000 <input type="checkbox"/> Rs 1,00,000 - Rs 5,00,000 <input type="checkbox"/> Rs 5,00,000 - 10,00,000 <input type="checkbox"/> Rs 10,00,000 - Rs 25,00,000 <input type="checkbox"/> More than Rs 25,00,000 | For Non-individuals Income Range per annum: <input type="checkbox"/> Up to Rs.1,00,000 <input type="checkbox"/> Rs 1,00,000 to Rs 5,00,000 <input type="checkbox"/> Rs 5,00,000 to 10,00,000 <input type="checkbox"/> Rs 10,00,000 to Rs 25,00,000 <input type="checkbox"/> Rs.25,00,000 to Rs. 1,00,00,000 <input type="checkbox"/> More than Rs.1,00,00,000 |
| Net worth as on (Date) DD-MM-YYYY Rs. [Net worth should not be older than 1 year] | Net worth as on (Date) DD-MM-YYYY Rs. [Net worth should not be older than 1 year] |
| Occupation <input type="checkbox"/> Agriculture <input type="checkbox"/> Self Employed | Please tick If any of the authorized signatories / Promoters / Partners / Karta / Trustees / Whole Time Directors is either (Please provide details as per Annexure 2.2 A.) <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (RPEP) |
| Please tick , if applicable: <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (RPEP) | <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (RPEP) |
| Any other information: | Any other information: |

Preference to receive following documents** for:

Trading on exchanges: Rights and Obligation (Including Internet Trading), Risk Disclosure Document , Guidance Note, Policies & Procedures Physical

Demat Account: Rights and Obligations of beneficial owner and depository participant Electronic

** All these documents are also available in our website www.spasecurities.com

| | 1 st / Sole Holder | 2 nd Holder | 3 rd Holder |
|---------------------------|-------------------------------|------------------------|------------------------|
| Client Signature ① | | | |

(*Family includes spouse, dependent children and dependent parents, Authorised Signatory for Non-Individual.)

Client Acknowledgement of Rights and Obligations

I / We have received and read the Rights and Obligations document and terms & conditions and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I / We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application. I/We agree and undertake to intimate the DP any change(s) in the details / Particulars mentioned by me / us in this form. I/We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action.

| | First / Sole Holder | Second Holder | Third Holder |
|--------------------|---------------------|---------------|--------------|
| Name | | | |
| Signature ② | | | |