

SPA Securities Limited

25, C-Block, Community Centre, Janak Puri, Delhi – 110058
 Telephone No.: 011 – 45586600 / 45675500, Fax: 011 – 45586606
 E-Mail: helpdesk@spasecurities.com, Website: www.spasecurities.com

SEBI Reg. No.: IN-DP-CDSL-485-2008

DP ID: 12058600

APPLICATION FORM FOR OPENING A DEMAT ACCOUNT (INDIVIDUAL / NRI / FOREIGN NATIONAL / HUF)

Please fill all the details in **BLOCK LETTERS** in English

Date	Account No.	1	2	0	5	8	6	0	0																												
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(To be filled by SPA Securities Ltd.)

I / We request you to open a Demat Account in my/our name as per the following details:

TYPE OF ACCOUNT (PLEASE TICK WHICHEVER IS APPLICABLE)

Status	Sub Status
<input type="checkbox"/> Individual	<input type="checkbox"/> Individual resident <input type="checkbox"/> Individual Director <input type="checkbox"/> Individual Promoter <input type="checkbox"/> Individual HUF / AOP <input type="checkbox"/> Individual Director's Relative <input type="checkbox"/> Individual Margin Trading A/c (MANTRA) <input type="checkbox"/> Others (Specify) ...
<input type="checkbox"/> NRI	<input type="checkbox"/> NRI Repatriable <input type="checkbox"/> NRI Non-Repatriable <input type="checkbox"/> NRI Depository Receipts <input type="checkbox"/> NRI Repatriable Promoter <input type="checkbox"/> NRI Non-Repatriable Promoter <input type="checkbox"/> Others (Specify)
<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National <input type="checkbox"/> Foreign National – Depository Receipts <input type="checkbox"/> Others (Specify) ...

SOLE / FIRST HOLDER'S DETAILS

First Name			
Middle Name			
Last Name			
Father / Husband Name			
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Others _____	Suffix	
Date of Birth		Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Corporate
Correspondance Address			
City	State	PIN	
Country	Phone	Fax No.	
E-Mail ID		Mobile	
PAN		Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Others _____
Permanent Address (if different from Correspondance Address)			
City	State	PIN	
Country	Phone	Fax No.	
E-Mail ID		Mobile No.	
Occupation	Service [<input type="checkbox"/> Central Govt. <input type="checkbox"/> State Govt. <input type="checkbox"/> Private / Public Sector <input type="checkbox"/> NGO <input type="checkbox"/> Statutory Body] <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Others (Specify) ____		
Nature of Business (Products / Services provide)			
Financial Details (Income Range per Annum)	<input type="checkbox"/> Upto Rs. 1,00,000 <input type="checkbox"/> Rs. 1,00,001 to Rs. 2,00,000 <input type="checkbox"/> Rs. 2,00,001 to Rs. 5,00,000 <input type="checkbox"/> More than Rs. 5,00,000		

STANDING INSTRUCTIONS

I / We instruct the DP to receive each and every credit in my / our account (Automatic Credit)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you wish to receive dividend / interest directly into your bank account (Automatic Credit)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Account Statement Requirement	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
SMS Alert Facility	<input type="checkbox"/> Yes Mobile No. +91 _____ <input type="checkbox"/> No Refer to Terms and Conditions given as Annexure – A
Easi	<input type="checkbox"/> Yes If yes, please contact your DP for details <input type="checkbox"/> No [Facility through CDSL's website: www.cdslindia.com wherein a BO can view his ISIN balances, transactions and value of the portfolio online.]

SECOND HOLDER'S DETAILS

First Name											
Middle Name											
Last Name											
Father / Husband Name											
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Others _____							Suffix			
Date of Birth									Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Corporate	
PAN									Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Others _____	
Permanent Address (if different from Correspondance Address)											
City					State				PIN		
Country					Phone				Fax No.		
E-Mail ID								Mobile No.			
Occupation	Service [<input type="checkbox"/> Central Govt. <input type="checkbox"/> State Govt. <input type="checkbox"/> Private / Public Sector <input type="checkbox"/> NGO <input type="checkbox"/> Statutory Body] <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Others (Specify) __										
Nature of Business (Products / Services provide)											
Financial Details (Income Range per Annum)	<input type="checkbox"/> Upto Rs. 1,00,000 <input type="checkbox"/> Rs. 1,00,001 to Rs. 2,00,000 <input type="checkbox"/> Rs. 2,00,001 to Rs. 5,00,000 <input type="checkbox"/> More than Rs. 5,00,000										

THIRD HOLDER'S DETAILS

First Name											
Middle Name											
Last Name											
Father / Husband Name											
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Others _____							Suffix			
Date of Birth									Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Corporate	
PAN									Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Others _____	
Permanent Address (if different from Correspondance Address)											
City					State				PIN		
Country					Phone				Fax No.		
E-Mail ID								Mobile No.			
Occupation	Service [<input type="checkbox"/> Central Govt. <input type="checkbox"/> State Govt. <input type="checkbox"/> Private / Public Sector <input type="checkbox"/> NGO <input type="checkbox"/> Statutory Body] <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Others (Specify) __										
Nature of Business (Products / Services provide)											
Financial Details (Income Range per Annum)	<input type="checkbox"/> Upto Rs. 1,00,000 <input type="checkbox"/> Rs. 1,00,001 to Rs. 2,00,000 <input type="checkbox"/> Rs. 2,00,001 to Rs. 5,00,000 <input type="checkbox"/> More than Rs. 5,00,000										

NRI DETAILS

Foreign Address													
City					State				Country			PIN	

BANK DETAILS* [DIVIDEND BANK DETAILS]

Account No.					Account Type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others _____							
Bank Name					Branch								
Bank Address													
City					State				Country			PIN	
Bank Code (MICR Code)							IFSC code						

* Please provide proof of bank account as per checklist given at the beginning of this form.

GUARDIAN DETAILS					
First Name		Middle Name			
Last / Search Name		Relationship with the applicant			
Correspondance Address					
City		State		PIN	
Country		Phone		Fax No.	
E-Mail ID			Mobile		

NAME OF THE FIRM ETC.	
Name **	
** In case of Firms, Associations of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name of the Firm, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc. should be mentioned above.	

DECLARATION			
I/We have read the terms & conditions DP-BO agreement 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***			
Passport Size Photograph	(Please sign across the photograph)	(Please sign across the photograph)	(Please sign across the photograph)

***(Signature should be preferably in blank ink.)