SPA Securities Limited

Date

25, C-Block, Community Centr Janak Puri, Delhi – 110058

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

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 (FOR ENTITIES OTHER THAN INDIVIDUALS AND HUF)

1 2 0 5 8 6 0 0

Account No.

(To be filled by SPA Securities Ltd.) I / We request you to open a Demat Account in our name as per the following details:																				
TYPE OF ACCOUNT (PLEASE TICK WHICHEVER IS APPLICABLE)																				
Status										Sub Status										
☐ Body Corporate ☐ Bank ☐ Trust ☐ Mu						Mu	tual Fund OCB OF] FII								
□ СМ	□F	l		Clea	Clearing House 🔲 Othe			er (Specify)				_ To be fi			filled by SPA Securities Ltd.					
SOLE / FIRST HOLDER'S DETAILS																				
Name																				
Search Name																				
Date of Incorporation	1							PAN												
Correspondance																				
Address																				
								1	1				1							
City								State					PIN							
Country								Phone			Fax I						1 0:			
E-Mail ID								Mobile				Nationa	ility	□ Ir	ndia	ın∟	J Ot	hers		
Registered Office Add	dress																			
Correspondance Addre	cc)																			
City	33)							State					PIN		\neg					
Country						Phone	Fax I					No								
E-Mail ID						THORE					bile No.									
SEBI Registration No.		_							SEBI Registration Date			10101	1	.						
(If applicable)									JEBI Negistration Bate		on Bate									
ROC Registration No.									ROC Registration Date											
(If applicable)	_																			
RBI Registration No.	stration No.							RBI Approval Date												
(If applicable)																			L	
STANDING INSTRUCTIONS																				
I / We authorize you to receive credits in my / our account without any instructions from me / us																				
Do you wish to receive dividend / interest directly into														Yes		No				
Account Statement Requirement			☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly																	
SMS Alert Facility				☐ Yes Mobile No. +91							□ No									
					Refer to Terms and Conditions given as Annexure – A															
Easi				☐ Yes If yes, please contact your DP for details ☐ No [Facility through CDSL's website: www.cdslindia.com wherein a BO																
				-		_									no 1					
				ca	u vie	w n	15 ISII	N balances,	trans	actions	and	value of t	ne por	TOIIO	onii	ne.J				

SECOND HOLDER'S DETAI	ILS
First Name	
Middle Name	
Last Name	
Father / Husband Name	
Title	☐ Mr. ☐ Mrs. ☐ Ms. ☐ Others Suffix
Date of Birth	Sex ☐ Male ☐ Female ☐ Corporate
Permanent Address	
City	State PIN
Country	Phone Fax No.
E-Mail ID	Mobile
PAN	Nationality ☐ Indian ☐ Others
Occupation	Service [\square Central Govt. \square State Govt. \square Private / Public Sector \square NGO \square Statutory Body]
	☐ Professional ☐ Business ☐ Housewife ☐ Student ☐ Retired ☐ Others (Specify)
Nature of Business	
(Products / Services provide)	
THIRD HOLDER'S DETAILS	
First Name	
Middle Name	
Last Name	
Father / Husband Name	
Title	☐ Mr. ☐ Mrs. ☐ Ms. ☐ Others Suffix
Date of Birth	Sex Male Female Corporate
Permanent Address	
City	State PIN
Country	Phone Fax No.
E-Mail ID	Mobile
PAN	
Occupation	Service [Central Govt. State Govt. Private / Public Sector NGO Statutory Body]
Not a CD alarm	☐ Professional ☐ Business ☐ Housewife ☐ Student ☐ Retired ☐ Others (Specify)
Nature of Business	
(Products / Services provide)	
BANK DETAILS* [DIVIDEN	
Account No.	Account Type ☐ Saving ☐ Current ☐ Others
Bank Name	Branch
Bank Address	
0.1	
City	State Country PIN
Bank Code (MICR Code)	IFSC Code
•	nk account as per checklist given at the beginning of this form.
	ILS (TO BE FILLED BY CMs ONLY)
Name of the Stock Exchan	ge
Name of the CC / CH	
Trading ID	
Clearing Member ID	
NAME OF THE FIRM ETC.	
Name **	
** In case of Firms, Association	ons of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of
-	e of the Firm, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc. should be mentioned
above.	

FOR OCBS											
Foreign Address											
C'I		CLALA	1	DIN							
City		State		PIN							
Country		Phone		Fax	No.						
Mobile Indian Address		E-Mail									
indian Address											
City		State		PIN							
Country		Phone		+	No.						
Mobile		E-Mail		1							
Currency			1								
RBI Registration No.			RBI Approval Date								
(If applicable)			''								
DECLARATION				ı							
I/We have read the DP-BO agree	ement (DP-CM agreement f	or BSE Clea	aring Member Accounts) in	cludir	ng the	sched	ıles th	ereto	and	ther	
terms and conditions and agree					_						
declare that the particulars give	•	•									
application. I/We agree and und	dertake to intimate the DP a	any change	e(s) in the details / Particul	ars m	entic	ned by	me / ເ	ıs in 1	his fo	orm.	
I/We further agree that any fals	-	given by m	ne / us or suppression of a	ny ma	iteria	l inforn	ation	will r	endei	r my	
account liable for termination ar					1						
	First / Sole Authoriz	zed	Second Authorized			Third Authorized					
	Signatory		Signatory				Signat	ory			
Name											
Designation											
Designation											
Signature***											
Signature											
Passport Size Photograph											
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	photograph)	LITE	photograph)	photograph)							
	pilotograpii)		priotograpiij	priotograpii)							

^{***(}Signature should be preferably in blank ink.)