



Date : .....

Application No : .....

**Ref. : Trading Account : ..... Demat Account : .....**

I / We request you to make the following additions / modifications / deletions/updation in your records for my / our Account.

*(Please Tick Relevant option . Strike off unused modification options:)*

| Particulars   | First / Sole Holder   | Second Holder  | Third Holder   |   |  |
|---|---|--|--|---|--|
| Name  |   |  |  |   |  |
| <b>Aadhar No.</b><br>(Please <b>attach</b> Self attested Copy, <b>MANDATORY</b> )     |   |  |  |   |  |
| <b>Mother's Name</b>  |   |  |  |   |  |
| <b>DORMANT Account Activation Declaration</b>   | My / Our Trading / Demat Account has turned DORMANT for NO Activity in the account in last 6 months. <b>Kindly Re-Activate the Same.</b>  |  | <input type="checkbox"/> Yes* <input type="checkbox"/> No  |   |  |
| <b>Annual Income (Rs.)</b>  | <input type="checkbox"/> Less than 1 Lac <input type="checkbox"/> 1-5 Lacs<br><input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs<br><input type="checkbox"/> 25-100 Lacs <input type="checkbox"/> Above 100 Lacs                                | <input type="checkbox"/> Less than 1 Lac <input type="checkbox"/> 1-5 Lacs<br><input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs<br><input type="checkbox"/> 25-100 Lacs <input type="checkbox"/> Above 100 Lacs | <input type="checkbox"/> Less than 1 Lac <input type="checkbox"/> 1-5 Lacs<br><input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs<br><input type="checkbox"/> 25-100 Lacs <input type="checkbox"/> Above 100 Lacs |   |  |
| <b>Occupation &amp; Nature of Business</b>  | <input type="checkbox"/> Same as given earlier<br><input type="checkbox"/> Others (Specify).....  | <input type="checkbox"/> Same as given earlier<br><input type="checkbox"/> Others (Specify).....   | <input type="checkbox"/> Same as given earlier<br><input type="checkbox"/> Others (Specify).....   |   |  |
| <b>FATCA Declaration:</b><br>Is your Country of Tax Residency <b>OTHER THAN INDIA</b> | <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> No   |  | <input type="checkbox"/> Yes* <input type="checkbox"/> No  |   |  |
| <b>Aadhaar Consent:</b>   | <b>* if "YES", Please provide the below information. (Financial Institutions or Direct Reporting NFFEs shall also fill Additional FATCA Declaration form.</b><br><b>I/We hereby give consent to use my/our Aadhaar Details as per requirement under PMLA rules.</b> |  |  |   |  |
| <b>S No</b>   | <b>*Country of Tax Residency (Other than INDIA) #</b>   | <b>*Overseas Address</b>   | <b>*Place / City of Birth</b>  | <b>*Tax Payer Identification Number/ Functional Equivalent / Company Identification Number or Global Entity Identification Number</b> | <b>*Identification Type [TIN or other, please specify]</b> |
| 1   |   |  |  |   |  |

These Details in this box are required if you are taxed outside INDIA

**FATCA - CRS Terms and Conditions:**

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which require Indian financial institutions to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our unit holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. Please note that you may receive more than one request for information if you have multiple relationships with us or our group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information. If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number. It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

**Certification**

I/We have read and understood the information requirements and the Terms and Conditions mentioned in this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete. I/We hereby agree and confirm to inform SPA Securities Limited for any modification to this information promptly. I/We further agree to abide by the provisions of the Scheme related documents inter alia provisions on 'Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) on Automatic Exchange of Information (AEOI)'.

|                         |  |  |  |
|-------------------------|--|--|--|
| <b>Client Signature</b> |  |  |  |
|-------------------------|--|--|--|

**Please fill this form in duplicate for acknowledgement**

# Only for Non-Individual accounts only



**SPA Securities Limited**  
25, C-Block, Community Centre,  
Janak Puri, New Delhi – 110058

## Additional Information Form

Date : .....  
Application No : .....

**Ref. :**         **Trading Account :** ..... **Demat Account :** .....

I / We request you to Please update the Aadhaar of our Authorised Signatory for my / our Account with you.

| Account Type  | Aadhaar Requirement  |
|---|--|
| Company   | Managers, Officers or Employees holding attorney to transact on company's behalf |
| Partnership Firm  | Person holding attorney to transact on Firm's behalf                             |
| Trust   | Person holding attorney to transact on Trust's behalf                            |
| Unincorporated association or Body of Individuals / AOP | Person holding attorney to transact on its behalf                                |

| S No | Name(s) of Auth. Person in Account | Aadhaar |
|------|------------------------------------|---------|
|      |                                    |         |
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|      |                                    |         |

**Aadhaar Consent : I/We hereby give consent to use my/our Aadhaar Details as per requirement under PMLA rules.**

|                                     |  |  |  |
|-------------------------------------|--|--|--|
| <b>Client Signature &amp; stamp</b> |  |  |  |
|-------------------------------------|--|--|--|

**Please fill this form in duplicate for acknowledgement**