

VOLUNTARY**AUTHORIZATION TO TRADE****(Applicable for Individual Clients for giving Authority to the Relatives / Family Members only)**

To,
 SPA Securities Ltd
 25, C-Block, Community Centre,
 Janakpuri, New Delhi-110058

Dear Sir,

Sub: Limited Purpose Authority to Place Orders, Collect Physical Contract Notes etc. on my / our Behalf

I / we have opened / desirous to open a trading account with SPA Securities Limited ("SPA) for buying, selling and / or otherwise dealing in shares, stocks, ETFs, Mutual Fund units and securities including but not limited to derivatives and currency derivatives, (hereinafter referred to as "Securities") on NSE / BSE / MCX-SX (hereinafter referred to as "Exchanges") through you.

Due to paucity of time and for operational convenience, I / we hereby authorize the following person (hereinafter referred to as "Authorized Representative"), to:


1. Buy / Sell or otherwise deal in Securities on any of the Exchanges / segment on my behalf in my aforesaid account;
2. Place, acknowledge, modify or cancel any order, whether by personal visit to you office or through phone or through a written request or through any other mode, to buy, sell or otherwise deal in the Securities on any of the Exchanges / segment on my behalf in my aforesaid account;
3. Receive, confirm, sign, accept or acknowledge receipt of any Contract Notes, Bills, Statement of funds, securities, margins and / or accounts, debit notes, credit notes, confirmations, pay-out cheques etc., in physical form only, on my behalf for my aforesaid account.

I / We do hereby ratify and confirm and agree to ratify and confirm all and whatsoever my / our Authorized Representative shall do or cause to be done in my / our aforesaid account. I / We, also agree and confirm that all the acts, deeds, commissions, omissions done by my / our Authorized Representative shall be binding on me / us and SPA or any of its Directors or Officers shall not be liable for any loss, damage, liability, claim, costs or expenses for any such acts or omissions or commissions done by my / our Authorized Representative.

This Authority Letter shall be valid, subsisting and shall remain in full force and effect till the time the same is revoked or amended by me / us in writing.

Name	Relationship with me / us	Address	Contact Details	PAN	Specimen Signature
			Phone: Mobile: E-mail:		X

Yours faithfully,

Client Signature	Signature		Date	
	Name		Place	