

ACCOUNT OPENING KIT

INDEX OF DOCUMENTS

Sr. No.	Name of the Document	Brief Significance of the Document	Page No
MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI & EXCHANGES			
1	Account Opening Form	A. KYC form - Document captures the basic information about the constituent and an instruction/check list.	3 – 11
		B. Document captures the additional information about the constituent relevant to trading account and an instruction/check list.	12 – 17
2	Rights and Obligations	Document stating the Rights & Obligations of stock broker/trading member, sub-broker and client for trading on exchanges (including additional rights & obligations in case of internet/wireless technology based trading).	18 – 23
3	Risk Disclosure Document (RDD)	Document detailing risks associated with dealing in the securities market.	24 – 28
4	Guidance note	Document detailing do's and don'ts for trading on exchange, for the education of the investors.	29 – 30
5	Policies and Procedures	Document describing significant policies and procedures of the stock broker (to be added by the stock broker).	31 – 34
6	Tariff sheet	Document detailing the rate/amount of brokerage and other charges levied on the client for trading on the stock exchange(s) (to be added by the stock broker).	35
VOLUNTARY DOCUMENTS AS PROVIDED BY THE STOCK BROKER			
7	Formats	Formats for giving specific letters to SPS	36 – 39
8	Running Account Authorization	Helps the client to enjoy exposures linked to credit in the trading account.	40
9	Letter of Authority-CASH/ F&O/ Currency Segment (Annexure-10)	To enable the trading member to act upon the clauses mentioned in the letter of authority.	41 - 42

SPS Share Brokers Pvt. Ltd.

SEBI Registration Nos. & Date:

BSE - Member Code: 557

SEBI Regn. No. INB010979938 (Equities Segment), Date: 30-12-1997

SEBI Regn. No. INF010979938 (Futures & Options Segment), Date: 22-02-2008

NSE - Member Code: 09799

SEBI Regn. No. INB230979933 (Equities Segment), Date: 31-03-2005

SEBI Regn. No. INF23230979933 (Futures & Options Segment), Date: 25-05-2005

SEBI Regn. No:INE230979933 (Currency Derivatives Segment), Date: 27-08-2008

Registered Office Address	:	121/4, Agra Building, 1 st Floor, Fort, Mumbai - 400 001 Website: www.spsssharebrokers.com
Correspondence Office Address:	:	66, Tamarind Lane, 4/5, Haji Kasam Building, 1 st Floor, Fort, Mumbai - 400 001 Phone: (022) 4034 4034 Fax: (022) 4034 4085 / 90 Website: www.spsssharebrokers.com
Compliance Officer Name	:	Sandeep Shah 022 – 4034 4035
Phone no. & Email id	:	sandeep.shah@spsssharebrokers.com
Chief Executive Officer	:	Sandeep Shah 022 – 4034 4035
Name Phone no. & Email id	:	sandeep.shah@spsssharebrokers.com

For any grievance/dispute please contact stock broker **SPS Share Brokers Private Limited** at the above address or email at investors@spsssharebrokers.com or call on (022) – 6654 7799.

In case not satisfied with the response, please contact the concerned exchange(s).

For BSE mail at is@bseindia.com or call on (022) -2272 8097, for NSE mail at ignse@nse.co.in or call on (022) -2659 8190.

KNOW YOUR CLIENT (KYC) APPLICATION FORM

For Individuals

Please fill this form in **ENGLISH** and in **BLOCK LETTERS**

A. IDENTITY DETAILS																																				
Name of the Applicant	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><i>First Name</i></td> <td colspan="8"></td> </tr> <tr> <td><i>Middle Name</i></td> <td colspan="8"></td> </tr> <tr> <td><i>Surname</i></td> <td colspan="8"></td> </tr> </table>									<i>First Name</i>									<i>Middle Name</i>									<i>Surname</i>								
	<i>First Name</i>																																			
	<i>Middle Name</i>																																			
<i>Surname</i>																																				
Father's / Spouse Name	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><i>First Name</i></td> <td colspan="8"></td> </tr> <tr> <td><i>Middle Name</i></td> <td colspan="8"></td> </tr> <tr> <td><i>Surname</i></td> <td colspan="8"></td> </tr> </table>									<i>First Name</i>									<i>Middle Name</i>									<i>Surname</i>								
	<i>First Name</i>																																			
	<i>Middle Name</i>																																			
<i>Surname</i>																																				
Gender	<i>Male</i> <input type="checkbox"/>		<i>Female</i> <input type="checkbox"/>		Marital Status			<i>Single</i> <input type="checkbox"/>	<i>Married</i> <input type="checkbox"/>																											
	Date of Birth		D <input type="checkbox"/>	D <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	Y <input type="checkbox"/>	Y <input type="checkbox"/>	Y <input type="checkbox"/>	Nationality																										
	Status		<i>Resident Individual</i> <input type="checkbox"/>			<i>Non Resident</i> <input type="checkbox"/>			<i>Foreign National</i> <input type="checkbox"/>																											
PAN																																				
Unique Identification Number (UID)/ Aadhaar, if any																																				
Specify the proof of Identity submitted																																				
B. ADDRESS DETAILS																																				
Address for correspondence																																				
	City/Town/Village																																			
State					Pin Code																															
Contact Details	Phone (Off.)					Country																														
	Phone (Res.)					Mobile No.:																														
	Fax					Email id:																														
Specify the proof of address submitted for correspondence address:																																				
Permanent Address (If different from above or overseas address, mandatory for Non-Resident Applicant)																																				
	City/Town/Village					Pin Code																														
State					Country																															

Specify the proof of address submitted for permanent address:

C. OTHER DETAILS

Gross Annual Income Details (please specify)
Income Range per annum

Below Rs 1 Lacs 1-5 Lacs 5-10 Lacs
 10-25 Lacs Above 25 Lacs

or

Net-worth as on (date)	D	D	M	M	Y	Y	Y	Y	Amount
------------------------	---	---	---	---	---	---	---	---	--------

Net worth should not be older than 1 year

Occupation (Please tick & give brief details)

Private Sector	<input type="checkbox"/>	Public Sector	<input type="checkbox"/>	Government Service	<input type="checkbox"/>
Business	<input type="checkbox"/>	Professional	<input type="checkbox"/>	Agriculturist	<input type="checkbox"/>
Housewife	<input type="checkbox"/>	Student	<input type="checkbox"/>	Retired	<input type="checkbox"/>
				Others	<hr/>

Name of Employer (If Employed)

Name of Establishment (If self employed/business/professional/others)

Office Address

City		Pin Code					
State		Country					
Fax No.		Telephone No.					

Please tick, if applicable:

Politically Exposed Person (PEP)

Related to a Politically Exposed Person (PEP)

Any other information

DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

Signature of the Applicant

Date: _____ (dd/mm/yyyy)

FOR OFFICE USE ONLY

(Originals verified) True copies of documents received

(Self-Attested) Self Certified Document copies received

Signature of the Authorised Signatory

Date: _____ (dd/mm/yyyy)

Seal/Stamp of the intermediary

KNOW YOUR CLIENT (KYC) APPLICATION FORM

For Non-Individuals

Please fill this form in **ENGLISH** and in **BLOCK LETTERS**

A. IDENTITY DETAILS											
Name of the Company / Firm / Applicant entity											
Date of incorporation:		D	D	M	M	Y	Y	Y	Y	Y	Y
Place of incorporation											
Date of commencement of business		D	D	M	M	Y	Y	Y	Y	Y	Y
a. PAN:											
b. Registration No. (e.g. CIN):											
Status (please tick any one)		<input type="checkbox"/> Private Limited Co <input type="checkbox"/> Public Ltd. Co <input type="checkbox"/> NGO's <input type="checkbox"/> FI <input type="checkbox"/> Government Body <input type="checkbox"/> Non-Government Organization <input type="checkbox"/> LLP	<input type="checkbox"/> Body Corporate <input type="checkbox"/> Partnership <input type="checkbox"/> FII <input type="checkbox"/> HUF <input type="checkbox"/> Defense Establishment <input type="checkbox"/> BOI <input type="checkbox"/> Others (please specify) _____	<input type="checkbox"/> Trust <input type="checkbox"/> Charities <input type="checkbox"/> Bank <input type="checkbox"/> AOP <input type="checkbox"/> Society							
B. ADDRESS DETAILS											
Address for correspondence											
City/Town/Village											
State						Pin Code					
Contact Details		Phone (Off.)						Country			
		Phone (Res.)						Mobile No.:			
		Fax						Email id:			
Specify the proof of address submitted for correspondence address:											

Registered Address (if different from above)			
City/Town/Village		Pin Code	
State		Country	

Specify the proof of address submitted for Registered address:

C. OTHER DETAILS

Gross Annual Income Details (please specify) Income Range per annum	<input type="checkbox"/> Below Rs 1 Lacs	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs						
	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> 25 Lacs-1 crore	<input type="checkbox"/> Morethan 1 crore						
Net-worth as on	D	D	M	M	Y	Y	Y	Y	Amount

(*Net worth should not be older than 1 year)

Details about Promoters, Partners, Karta, Trustees, Directors, Whole time Directors and Authorised Signatories

Please tick and fill the details as applicable with recent photograph

<input type="checkbox"/> Promoters	<input type="checkbox"/> Partners	<input type="checkbox"/> Karta	<input type="checkbox"/> Trustees	<input type="checkbox"/> Directors
<input type="checkbox"/> Whole Time Directors		<input type="checkbox"/> Authorised Signatories		Others: _____

1	Details	Address	Photograph
Name			PLEASE PASTE PASSPORT SIZE PHOTO HERE AND SIGN ACROSS IT ©
PAN No.			
DIN/UID No.			
X	Phone No.		

Please tick and fill the details as applicable with recent photograph

<input type="checkbox"/> Promoters	<input type="checkbox"/> Partners	<input type="checkbox"/> Karta	<input type="checkbox"/> Trustees	<input type="checkbox"/> Directors
<input type="checkbox"/> Whole Time Directors		<input type="checkbox"/> Authorised Signatories		Others: _____

2	Details	Address	Photograph
Name			PLEASE PASTE PASSPORT SIZE PHOTO HERE AND SIGN ACROSS IT ©
PAN No.			
DIN/UID No.			
X	Phone No.		

Please tick and fill the details as applicable with recent photograph

Promoters Partners Karta Trustees Directors

Whole Time Directors Authorised Signatories Others: _____

3	Details	Address	Photograph
	Name		PLEASE PASTE PASSPORT SIZE PHOTO HERE AND SIGN ACROSS IT ©
	PAN No.		
	DIN/UID No.		
X	Phone No.		

Please tick and fill the details as applicable with recent photograph

Promoters Partners Karta Trustees Directors

Whole Time Directors Authorised Signatories Others: _____

4	Details	Address	Photograph
	Name		PLEASE PASTE PASSPORT SIZE PHOTO HERE AND SIGN ACROSS IT ©
	PAN No.		
	DIN/UID No.		
X	Phone No.		

Please tick and fill the details as applicable with recent photograph

Promoters Partners Karta Trustees Directors

Whole Time Directors Authorised Signatories Others: _____

5	Details	Address	Photograph
	Name		PLEASE PASTE PASSPORT SIZE PHOTO HERE AND SIGN ACROSS IT ©
	PAN No.		
	DIN/UID No.		
X	Phone No.		

Please tick, if applicable: for any of your authorized signatories/Promoters/ Partners /Karta/Trustees/ whole time directors:	Politically Exposed Person (PEP)/ <input type="checkbox"/> Related to a Politically Exposed Person (PEP) <input type="checkbox"/>
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Any other information: _____

DECLARATION

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.

Name & Signature of the Authorised Signatory

Date: _____ (dd/mm/yyyy)

FOR OFFICE USE ONLY

- (Originals verified) True copies of documents received
- (Self-Attested) Self Certified Document copies received

Signature of the Authorised Signatory

Date: _____ (dd/mm/yyyy)

Seal/Stamp of the intermediary