

# ACCOUNT OPENING KIT

## INDEX OF DOCUMENTS

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		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
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# 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

<b>Registered Office Address</b>	:	121/4, Agra Building, 1 <sup>st</sup> Floor, Fort, Mumbai - 400 001 Website: <a href="http://www.spssharebrokers.com">www.spssharebrokers.com</a>
<b>Correspondence Office Address:</b>		66, Tamarind Lane, 4/5, Haji Kasam Building, 1 <sup>st</sup> Floor, Fort, Mumbai - 400 001 Phone: (022) 4034 4034 Fax: (022) 4034 4085 / 90 Website: <a href="http://www.spssharebrokers.com">www.spssharebrokers.com</a>
<b>Compliance Officer Name</b>	:	Sandeep Shah 022 – 4034 4035
<b>Phone no. &amp; Email id</b>	:	<a href="mailto:sandeep.shah@spssharebrokers.com">sandeep.shah@spssharebrokers.com</a>
<b>Chief Executive Officer</b>	:	Sandeep Shah 022 – 4034 4035
<b>Name Phone no. &amp; Email id</b>	:	<a href="mailto:sandeep.shah@spssharebrokers.com">sandeep.shah@spssharebrokers.com</a>

For any grievance/dispute please contact stock broker **SPS Share Brokers Private Limited** at the above address or email at [investors@spssharebrokers.com](mailto:investors@spssharebrokers.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](mailto:is@bseindia.com) or call on (022) -2272 8097, for NSE mail at [ignse@nse.co.in](mailto: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	First Name									
	Middle Name									
	Surname									
Father's / Spouse Name	First Name									
	Middle Name									
	Surname									
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Marital Status		Single <input type="checkbox"/>	Married <input type="checkbox"/>				
Date of Birth	D	D	M	M	Y	Y	Y	Y	Nationality	
Status	Resident Individual <input type="checkbox"/>		Non Resident <input type="checkbox"/>		Foreign National <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			

**PHOTOGRAPH**  
Please affix your recent passport size photograph and sign across it

Specify the proof of address submitted for permanent address:	
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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"/> 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"/> Retired <input type="checkbox"/>
	Housewife	<input type="checkbox"/>	Student	<input type="checkbox"/>	Others	_____

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)/ <input type="checkbox"/>
	Related to a Politically Exposed Person (PEP) <input type="checkbox"/>

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

**PHOTOGRAPH**  
Please affix your recent passport size photograph and sign across it

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

<b>Specify the proof of address submitted for Registered address:</b>	
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<b>C. OTHER DETAILS</b>
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<b>Gross Annual Income Details (please specify)</b> 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							
<b>Net-worth as on</b>	D	D	M	M	Y	Y	Y	Y	<b>Amount</b>	

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

<b>Details about Promoters, Partners, Karta, Trustees, Directors, Whole time Directors and Authorised Signatories</b>
---

Please tick and fill the details as applicable with recent photograph

☐ Promoters    ☐ Partners    ☐ Karta    ☐ Trustees    ☐ Directors  
☐ Whole TimeDirectors    ☐ Authorised Signatories    Others: \_\_\_\_\_

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

Please tick and fill the details as applicable with recent photograph

☐ Promoters    ☐ Partners    ☐ Karta    ☐ Trustees    ☐ Directors  
☐ Whole TimeDirectors    ☐ Authorised Signatories    Others: \_\_\_\_\_

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

Please tick and fill the details as applicable with recent photograph

☐ Promoters    ☐ Partners    ☐ Karta    ☐ Trustees    ☐ Directors  
☐ Whole TimeDirectors    ☐ 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 TimeDirectors    ☐ 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 TimeDirectors    ☐ 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