

SFO

# SPARK FAMILY OFFICE AND INVESTMENT ADVISORS (INDIA) PRIVATE LIMITED

|                 |  |
|-----------------|--|
| <b>Form No.</b> |  |
|-----------------|--|

|                    |  |
|--------------------|--|
| <b>Client Name</b> |  |
|--------------------|--|

| Type of Account  | TRADING CODE | DEMAT ID |
|------------------|--------------|----------|
| Equity and Demat |              |          |

### Section to be updated by BRANCH / FRONTEND team

|                     |  |                   |  |
|---------------------|--|-------------------|--|
| TRADING Branch Name |  | DEMAT Branch Name |  |
| TRADING Branch Code |  | DEMAT Branch Code |  |

| For DIRECT CLIENT Accounts | ARM | SRM | Dealer | CSO |
|----------------------------|-----|-----|--------|-----|
| Employee Code              |     |     |        |     |
| Employee Name              |     |     |        |     |

| For AP / INDIRECT CLIENT Accounts | AP NAME | AP CODE |
|-----------------------------------|---------|---------|
| AP details to be updated          |         |         |

| Branch operations | Employee Code | Employee Name | Date of Maker entry |
|-------------------|---------------|---------------|---------------------|
| BRANCH            |               |               |                     |

### Section to be updated by OPERATIONS / ACCOUNT OPENING

| Branch operations       | Employee Code | Employee Name | Date of Maker entry |
|-------------------------|---------------|---------------|---------------------|
| Acop Team MAKER entry   |               |               |                     |
| Acop Team CHECKER entry |               |               |                     |

| Post Account Opening Processes | Date | Name | Emp Code |
|--------------------------------|------|------|----------|
| Concurrent Audit               |      |      |          |
| Scanning                       |      |      |          |
| KRA                            |      |      |          |

## Spark Family Office and Investment Advisors (India) Private Limited

**Depository services** offered by Spark Capital Advisors (India) Private Limited having Depository participant registration with CDSL having **SEBI Registration No. : IN-DP-CDSL-453-2020**

Broking Services offered by Spark Family Office bearing **SEBI Registration No.: INZ000285135 (Trading Member of NSE & BSE)**

**Corporate Identity Number: U93000TN2012PTC086696**

**Registered and Corporate Office:** "Reflections", New No. 2, Leith Castle Center Street, Santhome High Road, Chennai 600028. Contact: 044 43440080 /90, Contact at +91-22-40094400

Website : **www.sparkadvisors.in** and **Customer Care** : +91 044 43440000

Name of the Compliance Officer: Ms. Zeal Gokani

Tel. 022- 61766830

Email ID : **pwm.compliance@sparkcapital.in**

For any grievance please contact us at Investor Grievance 022 6176 6830 or you may write into us at **investorgrievance.pwm@sparkcapital.in** for trading related queries and **dp.compliance@sparkcapital.in** for Demat related queries.

In case not satisfied with the response, please contact Depository or Exchanges on below numbers.

CDSL - email to [complaints@cdslindia.com](mailto:complaints@cdslindia.com) or call on (022) 22723333.

|          | NSE  | BSE  |
|----------|--|--|
| Email ID | <a href="mailto:ignse@nse.co.in">ignse@nse.co.in</a> | <a href="mailto:is@bseindia.com">is@bseindia.com</a> |
| Phone No | +91 22 26598190                                      | +91 22 22728138                                      |

If not satisfied with response or your grievance is still unresolved you may register complaint to SEBI on the **SCORES** website (link: <https://scores.gov.in/scores/Welcome.html>)

| Non Individual  |             |                               |           |
|-----------------|-------------|-------------------------------|-----------|
| No of Signature | Page Number | Particular                    | Type      |
| 1               | Page no 2   | KYC declaration               | Mandatory |
| 2               | Page no 6   | Details of director           | Mandatory |
| 3               | Page no 13  | Client declaration            | Mandatory |
| 4               | Page no 14  | PMLA details                  | Mandatory |
| 5               | Page no 15  | DP Charges & Brokerage        | Mandatory |
| 6               | Page no 16  | KYC Document Booklet          | Mandatory |
| 7               | Page no 17  | POA - 1                       | Mandatory |
| 8               | Page no 18  | POA - 2                       | Mandatory |
| 9               | Page no 19  | POA - Schedule                | Mandatory |
| 10              | Page no 24  | FATCA                         | Mandatory |
| 11              | Page no 25  | MF trading against Collateral | Optional  |

### ICONS FOR ILLUSTRATION



Authorised Signatory



Nominee



Guardian



Witness 1



Witness 2

**INDEX**
**FOR SCA TRADING AND CDSL DEMAT ACCOUNT**

| Sr. No.  | Name of the Document   | Brief Significance of the Document   | Page No.    |
|--|--|--|-------------|
| <b>MANDATORY SECTION IN KYC AS PRESCRIBED BY SEBI, DEPOSITORY AND EXCHANGE</b> |  |  |             |
| 1  | Account Opening Form - Trading & Demat Account related details | CKYC Form - Document captures the basic information about the constituent & FATCA Additional KYC Form - Document captures the additional information about the constituent relevant to Trading and Demat account | 1-8<br>9-13 |
|  | Financial Status and other details                             | Financial Status and Other Details as per Prevention of Money Laundering Act, 2002 (PMLA)  | 14          |
| 2  | Tariff Sheet – Demat   | Document detailing the Demat tariff/charges  | 15          |
| 3  | Tariff Sheet – Equity  | Document detailing the rate/amount of brokerage and other charges levied on the client for trading on the stock exchange(s)  |             |
|  |  | Declaration for opening Trading and Demat Account along with acceptance of KYC Document Booklet  | 16          |

**VOLUNTARY SECTION IN KYC**

|    |                          |   |       |
|----|--------------------------|---|-------|
| 5  | Power of Attorney        | Power of Attorney for Operating Trading and Demat Account   | 17-19 |
| 6  | Voluntary Authorizations | a. Authorisation by Client<br>b. For Running Account maintenance<br>c. For receiving ECN and any documents / communications in electronic form from Stock Broker and Depository Participant<br>d. or debiting various Depository charges<br>e. or sharing of Data and Information | 20-21 |
| 7  | FATCA Declaration        | Certificate of Foreign Status of Beneficial Owner for United State Tax with holding   | 22-24 |
| 8  | Form MFSS Consent        | Consent letter for dealing in Mutual Funds ( BSE Star MF )  | 25    |
| 9  | Additional Document      | Additional documents to be obtained for Non-Individuals, over & above the POI & POA, as mentioned   | 26    |
| 10 | Acknowledgment Slip      | Acknowledgment Slip   | 27    |

**FOR EQUITY TRADING AND CDSL DEMAT ACCOUNT (PROVIDED THROUGH SEPARATE HANDBOOK)**

|    |  |  |       |
|----|--|--|-------|
| 1  | Instructions Checklist                         | Instructions and Checklist for filling the KYC form  | 1-4   |
| 2  | Instructions for CKYC                          | Instructions for filling CKYC form   | 5-10  |
| 3  | Instructions for FATCA                         | Instructions for filling FATCA form  | 11-12 |
| 4  | Anti-Money Laundering (AML)                    | Understanding for clients about Anti Money Laundering (AML) provisions   | 13-14 |
| 5  | Rights and Obligations – Stock Broker          | 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) | 15-23 |
| 6  | Risk Disclosure Documents (RDD)                | Document detailing risk associated with dealing in the securities market   | 24-29 |
| 7  | Guidance Note                                  | Document detailing do's and don'ts for trading on exchange, for the education of the investors   | 30-31 |
| 8  | Policies and Procedures                        | Document describing significant policies and procedures of the Stock Broker  | 32-38 |
| 9  | Rights & Obligations – Demat                   | Rights & Obligations of Beneficial Owner & Depository Participant as prescribed by SEBI & Depositories   | 39-42 |
| 10 | Terms and Conditions (Voluntary)               | General Terms & Conditions w.r.t. Trading  | 43-68 |
| 11 | Terms and Conditions for SMS and E-mail alerts | General Terms & Conditions w.r.t. SMS and E-mail alerts from Stock Exchanges and Stock Brokers   | 69-73 |
| 12 | Terms and Conditions for SMS alerts from CDSL  | Terms And Conditions-cum-Registration / Modification Form for receiving SMS Alerts from CDSL [SMS Alerts will be sent by CDSL to BOs for all debits]   | 74-76 |
| 13 | Terms and Conditions for TRUST service         | Terms And Conditions for availing Transaction Using Secured Texting (TRUST) Service offered by CDSL  | 77-79 |
| 14 | General Information                            | General Information about Depository Participant - Demat   | 80    |

**CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Legal Entity / Other than Individual**

**Important Instructions:**

- A) Fields marked with '\*' are mandatory fields.  
B) Tick (✓) wherever applicable.  
C) Please fill the date in DD-MM-YYYY format.  
D) Please fill the form in English and in BLOCK letters.  
E) KYC number of applicant in mandatory for update application.  
F) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.  
G) List of two character ISO 3166 country codes is available at the end.  
H) Please read section wise detailed guidelines / instructions at the end.  
I) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.



**For office use only**

(To be filled by financial institution)

Application Type\*

☐ New

☐ Update

KYC Number

(Mandatory for KYC update request)

**1. ENTITY DETAILS\* (Please refer instruction A at the end)**

☐ Name

Entity Constitution Type\* ☐ Others (Specify)  (Please refer instruction B at the end)

Date of Incorporation / Formation\*  DD - MM - YYYY Date of Commencement of Business  DD - MM - YYYY

Place of Incorporation / Formation\*  Country of Incorporation / Formation\*  TIN or Equivalent Issuing Country

PAN  Form 60 furnished ☐ Registration No. (e.g. CIN)

TIN / GST Registration No.

**2. PROOF OF IDENTITY (PoI)\* (Please refer instruction B at the end)**

☐ Officially valid document(s) in receipt of person authorised to transact

☐ Certificate of Incorporation / Formation  ☐ Registration Certificate No.

☐ Memorandum and Articles of Association ☐ Partnership Deed ☐ Trust Deed

☐ Resolution of Board / Managing Committee ☐ Power of attorney granted to its manager, officers or employees to transact on its behalf

☐ Activity Proof - 1 (For Sole Proprietorship Only) ☐ Activity proof - 2 (For Sole Proprietorship Only)

**3. ADDRESS\* (Please refer instruction C at the end)**

☐ 3.1 Registered Office Address / Place of business / Correspondence Address

Proof of Address\* ☐ Certificate of Incorporation / Formation ☐ Registration Certificate ☐ Other Document

Line 1\*

Line 2

Line 3  City / Town / Village

District\*  Pin / Post Code\*  State  Country

☐ 3.2 Local Address in the India (if different from Above)\* / Permanent Address

Line 1\*

Line 2

Line 3  City / Town / Village

District\*  Pin / Post Code\*  State  Country

**4. CONTACT DETAILS (All communications will be sent to Mobile number / Email ID provided" may be used) (Please refer instruction D at the end)**

|            |                      |          |                      |
|------------|----------------------|----------|----------------------|
| Tel. (Off) | <input type="text"/> | Fax      | <input type="text"/> |
| Mobile     | <input type="text"/> | Email ID | <input type="text"/> |
| Mobile     | <input type="text"/> | Email ID | <input type="text"/> |

**5. NUMBER OF RELATED PERSONS** **Please refer instruction E at the end)**

|            |                      |          |                      |
|------------|----------------------|----------|----------------------|
| Tel. (Off) | <input type="text"/> | Fax      | <input type="text"/> |
| Mobile     | <input type="text"/> | Email ID | <input type="text"/> |
| Mobile     | <input type="text"/> | Email ID | <input type="text"/> |

**6. REMARKS (if any)**

|                      |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |

**7. APPLICANT DECLARATION (Please refer instruction G at the end)**

- 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.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address

Date:    -    -

Place:



Authorised Signatory

**8. ATTESTATION / FOR OFFICE USE ONLY**

|                    |  |  |  |
|--------------------|--|--|--|
| Documents Received | <input type="checkbox"/> Certified Copies                        | <b>INSTITUTION DETAILS</b>   |  |
|                    | <input type="checkbox"/> E-KYC code received from UIDAI          | Name   | <b>Spark Family Office and Investment Advisors (India) Private Limited</b> |
|                    | <input type="checkbox"/> Date received from Offline verification | Code   | <b>I N 1 2 5 6</b>   |
|                    | <input type="checkbox"/> Digital KYC Process                     | <div style="border: 1px solid black; height: 60px; display: flex; align-items: center; justify-content: center;">(Institution Stamp)</div> |  |
|                    | <input type="checkbox"/> Equivalent e-document                   |  |  |

☐ Originals verified and Self attested / certified Document copies received

| Details                     | KYC Verification & Documents verified with original carried out by | Client Interviewed By | In person Verification done by |
|-----------------------------|--|-----------------------|--------------------------------|
| Name of the Employee        |  |                       |                                |
| Employee Code               |  |                       |                                |
| Designation of the Employee |  |                       |                                |
| Date                        |  |                       |                                |
| Signature                   |  |                       |                                |

**CENTRAL KYC REGISTRY | Instructions / Check list / Guidelines for filling Legal Entity / Other than Individuals KYC Application Form**

**A Certification / Guidelines for filing Entity Dealers Section**

**1 Entity Constitution Type**

|   |   |  |
|---|---|--|
| A - Sole Proprietorship                                     | H - Trust   | O - Artificial Juridical Person  |
| B - Partnership Firm  | I - Liquidator                                      | P - International Organisation or Agency / Foreign Embassy or Consular Office etc. |
| C - HUF   | J - Limited Liability Partnership                   | Q - Not Categorized  |
| D - Private Limited Company                                 | K - Artificial Liability Partnership                | R - Others   |
| E - Public Limited Company                                  | L - Public Sector Bank                              | S - Foreign Portfolio Investors  |
| F - Society   | M - Central / State Government Department or Agency |  |
| G - Association of Person (AOP) / Body of Individuals (BOI) | N - Section 8 Companies (Companies Act, 2013)       |  |

2 In case of companies and partnerships, PAN of the entity is mandatory. In case of other entities, FORM 60 may be obtained if PAN is not available.

**B Clarification / Guidelines for filling 'Proof of Identity [Pol]' section**

- 1 Activity Proof - 1 and Activity Proof - 2 are applicable for accounts in case of proprietorship firms. Please refer to relevant instructions issued by the Reserve Bank of India in this regard.
- 2 Please refer to the relevant instructions issued by the regulator regarding applicable documents for the legal entity.
- 3 Certified copy of document or equivalent e-document or OVD obtained through Digital KYC process to be submitted.
- 4 'Equivalent e-document' means an electronic equivalent of a document, issued by the issuing authority of such document with its valid digital signature including documents issued to the digital locker account of the client as per rule 9 of the Information Technology (Preservation and Retention of Information by Intermediaries Providing Digital Locker Facilities) Rules, 2016.
- 5 'Digital KYC process' has to be carried out as stipulated in the PML Rules, 2005.
- 6 KYC requirements for Foreign Portfolio Investors (FPIs) will be as specified by the concerned regulator from time to time.

**C Clarification / Guidelines for filling 'Proof of Address (PoA]' section**

- 1 State / U.T. Code and Pin / Post Code will not be mandatory for Overseas addresses.
- 2 Certified copy of document or equivalent e-document to be submitted.

**D Clarification / Guidelines for filling 'Contact Details' section**

- 1 Please mention two-digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
- 2 Do not add '0' in the beginning of Mobile number.

**E Clarification / Guidelines for filling 'Related Person Details' section**

- 1 Personal Details
  - The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- 2 Proof of Address [PoA]
  - PoA to be submitted only if the submitted Pol does not have an address or address as per Pol is invalid or not in force.
  - State / U.T. Code and Pin / Post Code will not be mandatory for Overseas addresses.
  - In case of deemed PoA such as utility bill, the document need not be uploaded on CKYCR
  - Regulated Entity(ies) may use the Self Declaration check box where Aadhaar authentication has been carried out successfully for a client and client wants to provide a current address, different from the address as per the identity information available in the Central Identities Data Repository.
- 3 If KYC number of Related Person is available, no other details except 'Person Type' and 'Name of the Related Person' are required.
- 4 Regulated Entity (RE) shall redact (first 8 digits) of the Aadhaar number from Aadhaar related data and documents such as proof of possession of Aadhaar, while uploading on CKYCR.

**F Provision for capturing signature of multiple-authorised persons is to be made by the RE.**



**List of two – digit state / U.T codes as per Indian Motor Vehicle Act, 1988**

| State / U.T.           | Code | State / U.T.     | Code | State / U.T.  | Code |
|------------------------|------|------------------|------|---------------|------|
| Andaman & Nicobar      | AN   | Himachal Pradesh | HP   | Pondicherry   | PY   |
| Andhra Pradesh         | AP   | Jammu & Kashmir  | JK   | Punjab        | PB   |
| Arunachal Pradesh      | AR   | Jharkhand        | JH   | Rajasthan     | RJ   |
| Assam                  | AS   | Karnataka        | KA   | Sikkim        | SK   |
| Bihar                  | BR   | Kerala           | KL   | Tamil Nadu    | TN   |
| Chandigarh             | CH   | Lakshadweep      | LD   | Telangana     | TS   |
| Chhattisgarh           | CG   | Madhya Pradesh   | MP   | Tripura       | TR   |
| Dadra and Nagar Haveli | DN   | Maharashtra      | MH   | Uttar Pradesh | UP   |
| Daman & Diu            | DD   | Manipur          | MN   | Uttarakhand   | UA   |
| Delhi                  | DL   | Meghalaya        | ML   | West Bengal   | WB   |
| Goa                    | GA   | Mizoram          | MZ   | Other         | XX   |
| Gujarat                | GJ   | Nagaland         | NL   |               |      |
| Haryana                | HR   | Orissa           | OR   |               |      |

**List of ISO 3168 TWO DIGIT COUNTRY CODE**

| Country             | Country Code | Country                     | Country Code | Country                                    | Country Code | Country                                      | Country Code |
|---------------------|--------------|-----------------------------|--------------|--|--------------|--|--------------|
| Afghanistan         | AF           | Domestic Republic           | DO           | Libya                                      | LY           | Saint Pierre and Miquelon                    | PM           |
| Aland Islands       | AX           | Ecuador                     | EC           | Liechtenstein                              | LI           | Saint Vincent and the Grenadines             | VC           |
| Albania             | AL           | Egypt                       | EG           | Lithuania                                  | LT           | Samoa  | WS           |
| Algeria             | DZ           | El Salvador                 | SV           | Luxembourg                                 | LU           | San Marino                                   | SM           |
| American Samoa      | AS           | Equatorial Guinea           | GQ           | Macao                                      | MO           | Sao Tome and Principe                        | ST           |
| Andorra             | AO           | Eritrea                     | ER           | Macedonia, the former Yugoslav Republic of | MK           | Saudi Arabia                                 | SA           |
| Angola              | AO           | Estonia                     | EE           | Madagascar                                 | MG           | Senegal                                      | ES SN        |
| Anguilla            | AI           | Ethiopia                    | ET           | Malawi                                     | MW           | Serbia                                       | RS           |
| Antarctica          | AQ           | Falkland Islands (Malvinas) | EK           | Malaysia                                   | MY           | Seychelles                                   | SC           |
| Antigua and Barbuda | AG           | Faroe Islands               | FO           | Maldives                                   | MV           | Sierra Leone                                 | SL           |
| Argentina           | AR           | Fiji                        | FJ           | Mali                                       | ML           | Singapore                                    | SG           |
| Armenia             | AM           | Finland                     | FI           | Malta                                      | MT           | Sint Maarten (Dutch part)                    | SX           |
| Aruba               | AW           | France                      | FT           | Marshall Islands                           | MH           | Slovakia                                     | SK           |
| Australia           | AU           | French Guiana               | GF           | Martinique                                 | MQ           | Slovenia                                     | SI           |
| Austria             | AT           | French Polynesia            | PF           | Mauritania                                 | MR           | Solomon Islands                              | SB           |
| Azerbaijan          | AZ           | French Southern Territories | TF           | Mauritius                                  | MU           | Somalia                                      | SO           |
| Bahamas             | BS           | Gabon                       | GA           | Mayotte                                    | YT           | South Africa                                 | ZA           |
| Bahrain             | BH           | Gambia                      | GM           | Mexico                                     | MX           | South Georgia and the South Sandwich Islands | GS           |
| Bangladesh          | BO           | Georgia                     | GE           | Micronesia, Federated States of            | FM           | South Sudan                                  | SS           |



|                                      |    |  |    |  |    |                                   |    |
|--------------------------------------|----|--|----|--|----|-----------------------------------|----|
| Barbados                             | BB | Germany                                | DE | Moldova, Republic of                         | MD | Spain                             | ES |
| Belarus                              | BY | Ghana                                  | GH | Monaco                                       | MC | Sri Lanka                         | LK |
| Belgium                              | BE | Gibraltar                              | GI | Mongolia                                     | MN | Sudan                             | SD |
| Belize                               | BZ | Greece                                 | GR | Montenegro                                   | ME | Suriname                          | SR |
| Benin                                | BJ | Greenland                              | GL | Montserrat                                   | MS | Svalbard and Jan Mayen            | SJ |
| Bermuda                              | BM | Grenada                                | GD | Morocco                                      | MA | Swaziland                         | SZ |
| Bhutan                               | BT | Guadeloupe                             | GP | Mozambique                                   | MZ | Sweden                            | SE |
| Bolivia, Plurinational State of      | BO | Guam                                   | GU | Myanmar                                      | MM | Switzerland                       | CH |
| Bonaire, Sint Eustatius and          | BQ | Guatemala                              | GT | Namibia                                      | NA | Syrian Arab Republic              | SY |
| Saba Bosnia and Herzegovina          | BA | Guernsey                               | GG | Nauru  | NR | Taiwan, Province of China         | TW |
| Botswana                             | BW | Guinea                                 | GN | Nepal  | NP | Tajikistan                        | TJ |
| Bouvet Island                        | BV | Guinea-Bissau                          | GW | Netherlands                                  | NL | Tanzania, United Republic of      | TZ |
| Brazil                               | BR | Guyana                                 | GY | New Caledonia                                | NC | Thailand                          | TH |
| British Indian Ocean Territory       | IO | Haiti                                  | HT | New Zealand                                  | NZ | Timor-Leste                       | TL |
| Brunei Darussalam                    | BN | Heard Island and McDonald Islands      | HM | Nicaragua                                    | NI | Togo                              | TG |
| Bulgaria                             | BG | Holy See (Vatican City State)          | VA | Niger  | NE | Tokelau                           | TK |
| Burkina Faso                         | BF | Honduras                               | HN | Nigeria                                      | NG | Tonga                             | TO |
| Burundi                              | BI | Hong Kong                              | HK | Niue   | NU | Trinidad and Tobago               | TT |
| Cabo Verde                           | CV | Hungary                                | HU | Norfolk Island                               | NF | Tunisia                           | TN |
| Cambodia                             | KH | Iceland                                | IS | Northern Mariana Islands                     | MP | Turkey                            | TR |
| Cameroon                             | CM | India                                  | IN | Norway                                       | NO | Turkmenistan                      | TM |
| Canada                               | CA | Indonesia                              | ID | Oman   | OM | Turks and Caicos Islands          | TC |
| Cayman Islands                       | KY | Iran, Islamic Republic of              | IR | Pakistan                                     | PK | Tuvalu                            | TV |
| Central African Republic             | CF | Iraq                                   | IQ | Palau  | PW | Uganda                            | UG |
| Chad                                 | TD | Ireland                                | IE | Palestine, State of                          | PS | Ukraine                           | UA |
| Chile                                | CL | Isle of Man                            | IM | Panama                                       | PA | United Arab Emirates              | AE |
| China                                | CN | Israel                                 | IL | Papua New Guinea                             | PG | United Kingdom                    | GB |
| Christmas Island                     | CX | Italy                                  | IT | Paraguay                                     | PY | United States                     | US |
| Cocos (Keeling) Islands              | CC | Jamaica                                | JM | Peru   | PE | United States Minor               | UM |
|                                      |    |  |    |  |    | Outlying Islands                  |    |
| Colombia                             | CO | Japan                                  | JP | Philippines                                  | PH | Uruguay                           | UY |
| Comoros                              | KM | Jersey                                 | JE | Pitcairn                                     | PN | Uzbekistan                        | UZ |
| Col180                               | CG | Jordan                                 | JO | Poland                                       | PL | Vanuatu                           | VU |
| Congo the Democratic Republic of the | CD | Kazakhstan                             | KZ | Portugal                                     | PT | Venezuela, Bolivarian Republic of | VE |
| Cook Islands                         | CK | Kenya                                  | KE | Puerto Rico                                  | PR | Viet Nam                          | VN |
| Costa Rica                           | CR | Kiribati                               | KO | Qatar  | QA | Virgin Islands, British           | VG |
| Côte d'Ivoire                        | CI | Korea, Democratic People's Republic of | KP | Reunion                                      | RE | Virgin Islands, U.S.              | VI |
| Croatia                              | HR | Korea, Republic of                     | KR | Romania                                      | RO | Wallis and Futuna                 | WF |
| Cuba                                 | CU | Kuwait                                 | KW | Russian Federation                           | RU | Western Sahara                    | EH |
| Curaçao                              | CW | Kyrgyzstan                             | KG | Rwanda                                       | RW | Yemen                             | YE |
| Cyprus                               | CY | Lao People's Democratic Republic       | LA | Saint Barthelemy                             | BL | Zambia                            | ZM |
| Czech Republic                       | CZ | Latvia                                 | LV | Saint Helena, Ascension and Tristan da Cunha | SH | Zimbabwe                          | ZW |
| Denmark                              | DK | Lebanon                                | LB | Saint Kitts and Nevis                        | KN |                                   |    |
| Djibouti                             | DJ | Lesotho                                | LS | Saint Lucia                                  | LC |                                   |    |
| Dominica                             | DM | Liberia                                | LR | Saint Martin (French part)                   | MF |                                   |    |

Details of Promoters/ Partners/ Karta / Trustees and whole time directors forming a part of Know Your Client (KYC) Application Form for Non-Individuals

|   |  |
|---|--|
| <p>1. Name <input style="width: 100%;" type="text"/></p> <p>2. Relationship with Applicant (i.e. promoters, whole time directors etc) <input style="width: 100%;" type="text"/></p> <p>3a. PAN <input style="width: 20%;" type="text"/> 3b. DIN <input style="width: 20%;" type="text"/></p> <p>3c. Aadhaar (UID) Number <input style="width: 60%;" type="text"/></p> <p>4. Residence / Registered Address <input style="width: 100%;" type="text"/></p> <p>City/town/village. <input style="width: 50%;" type="text"/> Pin Code: <input style="width: 20%;" type="text"/></p> <p>State: <input style="width: 20%;" type="text"/> Country: <input style="width: 30%;" type="text"/></p> | <p><b>PHOTOGRAPH</b></p> <p>Please affix your recent passport size Photograph and sign across it</p> |
| <p>1. Name <input style="width: 100%;" type="text"/></p> <p>2. Relationship with Applicant (i.e. promoters, whole time directors etc) <input style="width: 100%;" type="text"/></p> <p>3a. PAN <input style="width: 20%;" type="text"/> 3b. DIN <input style="width: 20%;" type="text"/></p> <p>3c. Aadhaar (UID) Number <input style="width: 60%;" type="text"/></p> <p>4. Residence / Registered Address <input style="width: 100%;" type="text"/></p> <p>City/town/village. <input style="width: 50%;" type="text"/> Pin Code: <input style="width: 20%;" type="text"/></p> <p>State: <input style="width: 20%;" type="text"/> Country: <input style="width: 30%;" type="text"/></p> | <p><b>PHOTOGRAPH</b></p> <p>Please affix your recent passport size Photograph and sign across it</p> |
| <p>1. Name <input style="width: 100%;" type="text"/></p> <p>2. Relationship with Applicant (i.e. promoters, whole time directors etc) <input style="width: 100%;" type="text"/></p> <p>3a. PAN <input style="width: 20%;" type="text"/> 3b. DIN <input style="width: 20%;" type="text"/></p> <p>3c. Aadhaar (UID) Number <input style="width: 60%;" type="text"/></p> <p>4. Residence / Registered Address <input style="width: 100%;" type="text"/></p> <p>City/town/village. <input style="width: 50%;" type="text"/> Pin Code: <input style="width: 20%;" type="text"/></p> <p>State: <input style="width: 20%;" type="text"/> Country: <input style="width: 30%;" type="text"/></p> | <p><b>PHOTOGRAPH</b></p> <p>Please affix your recent passport size Photograph and sign across it</p> |
| <p>1. Name <input style="width: 100%;" type="text"/></p> <p>2. Relationship with Applicant (i.e. promoters, whole time directors etc) <input style="width: 100%;" type="text"/></p> <p>3a. PAN <input style="width: 20%;" type="text"/> 3b. DIN <input style="width: 20%;" type="text"/></p> <p>3c. Aadhaar (UID) Number <input style="width: 60%;" type="text"/></p> <p>4. Residence / Registered Address <input style="width: 100%;" type="text"/></p> <p>City/town/village. <input style="width: 50%;" type="text"/> Pin Code: <input style="width: 20%;" type="text"/></p> <p>State: <input style="width: 20%;" type="text"/> Country: <input style="width: 30%;" type="text"/></p> | <p><b>PHOTOGRAPH</b></p> <p>Please affix your recent passport size Photograph and sign across it</p> |

First Authorised Signatory

Date

Second Authorised Signatory

Third Authorised Signatory

## CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Related Person

## Important Instructions:

- A) Fields marked with '\*' are mandatory fields.  
 B) Tick (✓) wherever applicable.  
 C) Please fill the date in DD-MM-YYYY format.  
 D) Please fill the form in English and in BLOCK letters.  
 E) KYC number of applicant is mandatory for update application.  
 F) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.  
 G) List of two character ISO 3166 country codes is available at the end.  
 H) Please read section wise detailed guidelines / instructions at the end.  
 I) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.



## For office use only

(To be filled by financial institution)

Application Type\*

☐ New☐ Update

KYC Number

(Mandatory for KYC update request)

Note :- In case of additional related persons (Director, partner, promoters, trustee, authorized signatory, etc.), kindly attach Annexure A2 for each.

## 1. DETAILS OF RELATED PERSON\* (Please refer instruction E at the end)

☐ Addition of Related Person
 ☐ Deletion of Related Person
 ☐ Update Related Person Details
KYC Number of Related Person (if available\*) 

If KYC number is available, only 'Related Person Type' &amp; 'Name' is mandatory

 Related Person Type\* ☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner ☐ Court Appointment Official ☐ Proprietor  
☐ Beneficiary ☐ Authorised Signatory ☐ Beneficial Owner ☐ Power of Attorney Holder ☐ Other (Please specify)
DIN (Director Identification Number)  (Mandatory if Related Person Type is Director)

## 1.1 PERSONAL DETAILS (Please refer instruction E at the end)

|                          | Prefix                             | First Name   | Middle Name                            | Last Name            |
|--------------------------|------------------------------------|--|--|----------------------|
| Name* (Same as ID proof) | <input type="text"/>               | <input type="text"/>   | <input type="text"/>                   | <input type="text"/> |
| Maiden Name              | <input type="text"/>               | <input type="text"/>   | <input type="text"/>                   | <input type="text"/> |
| Father / Spouse Name     | <input type="text"/>               | <input type="text"/>   | <input type="text"/>                   | <input type="text"/> |
| Mother Name              | <input type="text"/>               | <input type="text"/>   | <input type="text"/>                   | <input type="text"/> |
| Date of Birth*           | <input type="text"/>               | <input type="text"/>   | <input type="text"/>                   | <input type="text"/> |
| Gender*                  | <input type="checkbox"/> M- Male   | <input type="checkbox"/> F- Female   | <input type="checkbox"/> T-Transgender |                      |
| Nationality*             | <input type="checkbox"/> IN-Indian | <input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/> <input type="text"/> ) |  |                      |
| PAN                      | <input type="text"/>               | <input type="checkbox"/> Form 60 furnished   |  |                      |

## 1.2 PROOF OF IDENTITY AND ADDRESS\* (Please refer instruction E at the end)

I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- ☐ A - Passport Number
- ☐ B - Voter ID Card
- ☐ C - Driving Licence
- ☐ D - NREGA Job Card
- ☐ E - National Population Register Letter
- ☐ F - Proof of Possession of Aadhaar



Authorised Signatory

PHOTO



- II ☐ E - E-KYC Authentication
- III ☐ F - Offline verification of Aadhaar

## Address

Line 1\*

Line 2

Line 3

District\*  Pin / Post Code\*  State  City / Town / Village  Country

### 1.3 CURRENT ADDRESS DETAILS (Please refer instruction E and the end)

- ☐ Same as above mentioned address (In such cases address details as below need not be provided)
- I ☐ Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)
- ☐ A - Passport Number
- ☐ B - Voter ID Card
- ☐ C - Driving Licence
- ☐ D - NREGA Job Card
- ☐ E - National Population Register Letter
- ☐ F - Proof of Possession of Aadhaar
- II ☐ E - E-KYC Authentication
- III ☐ F - Offline verification of Aadhaar
- IV ☐ Deemed PoA
- V ☐ Self Declaration

#### Address

Line 1\*

Line 2

Line 3  City / Town / Village

District\*  Pin / Post Code\*  State  Country

### 1.4 CONTACT DETAILS (All communication will be sent on provided mobile no. / Email-ID) (Please refer instruction D at the end)

Tel. (Off) - Tel. (Res.) - Mobile -

Email ID

### 2. APPLICANT 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.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date: --

Place:



Authorised Signatory

### 8. ATTESTATION / FOR OFFICE USE ONLY

|                    |  |                                |   |
|--------------------|--|--------------------------------|---|
| Documents Received | <input type="checkbox"/> Certified Copies                        | INSTITUTION DETAILS            |   |
|                    | <input type="checkbox"/> E-KYC code received from UIDAI          | Name                           | Spark Family Office and Investment Advisors (India) Private Limited |
|                    | <input type="checkbox"/> Date received from Offline verification | Code                           | 11256   |
|                    | <input type="checkbox"/> Digital KYC Process                     | <div>(Institution Stamp)</div> |   |
|                    | <input type="checkbox"/> Equivalent e-document                   |                                |   |

☐ Originals verified and Self attested / certified Document copies received

| Details                     | KYC Verification & Documents verified with original carried out by | Client Interviewed By | In person Verification done by |
|-----------------------------|--|-----------------------|--------------------------------|
| Name of the Employee        |  |                       |                                |
| Employee Code               |  |                       |                                |
| Designation of the Employee |  |                       |                                |
| Date                        |  |                       |                                |
| Signature                   |  |                       |                                |

# ADDITIONAL KYC FORM FOR OPENING EQUITY TRADING AND DEMAT ACCOUNT

Please fill in english and in BLOCK letters with black ink

Application Form No. : \_\_\_\_\_

## Details

To be filled by the Depository Participant

Date         DP Internet Reference No.

DP ID         Client ID

Type of account : ☐ Non-Individual

I/We request you to open a demat account in my/our name as per following details:

Name of First Holder

Name of Second Holder

Name of third Holder

Name\*

\*In case of Firms, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., all though the account is opened in the name of the natural person, the name of the Firm, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned above.

## Type of account (Please tick whichever is applicable)

| Status                                  | Sub - Status  |                        |
|---|---|------------------------|
| <input type="checkbox"/> Non-Individual | <b>Type of Account (Please tick whichever is applicable) Status</b>   | <b>Sub - Status</b>    |
|   | <input type="checkbox"/> Body Corporate <input type="checkbox"/> Banks <input type="checkbox"/> Trust <input type="checkbox"/> Mutual Fund <input type="checkbox"/> OCB <input type="checkbox"/> FPI<br><input type="checkbox"/> CM <input type="checkbox"/> FI <input type="checkbox"/> Clearing House <input type="checkbox"/> Others (specify) _____ | To be filled by the DP |
|   | SEBI Registration No. (If Applicable) _____ SEBI Registration date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  |                        |
|   | RBI Registration No. (If Applicable) _____ RBI Approval date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  |                        |
| <input type="checkbox"/> Individual     | Nationality <input type="checkbox"/> Indian <input type="checkbox"/> Others (specify) _____   |                        |
|   | <input type="checkbox"/> Individual Resident <input type="checkbox"/> Individual HUF /AOP <input type="checkbox"/> Individual Negative Nominee  |                        |

## Standing instructions

|   |  |
|---|--|
| I/We instruct the DP to receive each and every credit in my / our account<br>(If not marked, the default option would be 'Yes')   | (Automatic Credit)<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Account Statement Requirement <input type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly      |  |
| I/We request you to send Electronic Transaction-cum-Holding Statement at the email ID _____   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| I/ We would like to share the email ID with the RTA   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| I / We would like to receive the Annual Report<br>(Tick the applicable box. If not marked the default option would be in Physical)  | <input type="checkbox"/> Physical <input type="checkbox"/> Electronic<br><input type="checkbox"/> Both Physical & Electronic |
| I / We would like to instruct the DP to accept all the pledge instructions in my /our account without any other further instruction from my/our end ( If not marked, the default option would be 'No')                  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Account to be opened through Power of Attorney (POA)  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| I/We wish to receive dividend / interest directly to my bank account as given below through ECS. (If not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time. | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Clearing Member Details (To be filled by CMs only)  |  |
| Name of Stock Exchange _____  | Name of CC / CH _____  |
| Clearing Member Id _____  | Trading member ID _____  |

## Other Details

|                                    |  |
|------------------------------------|--|
| <b>Occupation</b>                  | <input type="checkbox"/> Private / Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculture<br><input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others Specify _____ |
| <b>Please tick, if applicable:</b> | <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (RPEP)  |
| <b>Any other information</b>       |  |

### Details of Politically Exposed Persons (PEP) / Related to Politically Exposed Person (RPEP). [For Non-Individual]

Please tick If any of the authorized signatories / Promoters / Partners / Karta / Trustees / Whole Time Directors is either Politically Exposed Person (PEP) or Related to Politically Exposed Person (RPEP) ☐ Yes ☐ No. ☐ None If Yes, please provide details as under:

Name of Holder \_\_\_\_\_ PAN of the Holder \_\_\_\_\_

| Sr. No. | Name of the Authorized signatures / Promoters / Partners / Karta / Trustees / Whole Time Directors | Relationship with the holder (i.e.) promoters, whole time directors etc. | Please tick the relevant option.                              |
|---------|--|--|---|
|         |  |  | <input type="checkbox"/> PRP<br><input type="checkbox"/> RPEP |
|         |  |  | <input type="checkbox"/> PRP<br><input type="checkbox"/> RPEP |
|         |  |  | <input type="checkbox"/> PRP<br><input type="checkbox"/> RPEP |

## SMS Alert & Trust Facility

|   |   |   |
|---|---|---|
| SMS Alert Facility<br>Refer to Terms & Conditions given as annexure - 2.4                               | MOBILE NO. +91 _____<br>(Mandatory, if you are giving Power of Attorney (POA) (if POA is not granted and you do not wish to avail of this facility, cancel this option)   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Transactions Using Secured Texting Facility (TRUST).<br>Refer to Terms and Conditions as Annexure - 2.6 | I wish to avail the TRUST facility using the Mobile number registered for SMS Alert Facility. I have read and understood the Terms and Conditions prescribed by CDSL for the same<br><br>I/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST<br>Stock Exchange Name/ID _____<br>Clearing Member Name _____<br>Clearing Member ID (Optional) _____ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <b>Easi</b>   | To register for Easi, please visit our website <a href="http://www.cdslindia.com">www.cdslindia.com</a> Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

## Option for Issue of Delivery Instruction Booklet (DIS Booklet)

**Mandatory to select any one option**

Kindly confirm the manner of receiving DIS booklet

**(To be filled by person seeking to open a Depository account where Power of Attorney has been granted to operate the depository account)**

- |  |  |
|--|--|
| <input type="checkbox"/> I require you to issue Delivery Instruction Slip (DIS) booklet to me immediately on opening my CDSL account though I have issued a Power of Attorney (POA) executed in favour of Spark Family Office and Investment Advisors (India) Private Limited (SPARK) for executing delivery instructions for setting stock exchange trades [settlement related transactions] effected through Spark Capital Advisors (India) Private Limited ('SCA'). | <input type="checkbox"/> I do not require the Delivery Instruction Slip (DIS) for the time being, since I have issued a POA in favour of Spark Family Office and Investment Advisors (India) Private Limited (SPARK) for executing delivery instructions for setting stock exchange trades [settlement related transactions] effected through Spark Capital Advisors (India) Private Limited (SCA). However, the Delivery Instruction Slip (DIS) booklet should be issued to me immediately on my request at any later date. |
|--|--|

### Other Details - For Non Individual

|   |   |
|---|---|
| <p>Gross annual income range p.a.*<br/>OR<br/>Net-worth in Rs<br/>(Net worth should not be older than 1 year)</p> | <input type="checkbox"/> Below Rs. 1 Lac <input type="checkbox"/> Rs. 1-5 Lac <input type="checkbox"/> Rs. 5-10 Lac <input type="checkbox"/> Rs. 10-25 Lac<br><input type="checkbox"/> Rs. 25 Lac -1 Crore <input type="checkbox"/> 1 Crore-5 Crore <input type="checkbox"/> < 5 Crore  |
|   | as on <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>   |
| <p>Occupation</p>   | <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business<br><input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student<br><input type="checkbox"/> Professional <input type="checkbox"/> Farmer <input type="checkbox"/> Others (Please specify) |
| <p>Please tick if applicable</p>  | <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (RPEP)<br><input type="checkbox"/> Not Politically Exposed Person (PEP) <input type="checkbox"/> Not Related to a Politically Exposed Person (RPEP) <input type="checkbox"/> None  |
| <p>Is the entity involved/providing<br/>any of the following services<br/>YES NO</p>                              | <input type="checkbox"/> For Foreign Exchange / Money Changer Services <input type="checkbox"/> YES <input type="checkbox"/> NO<br><input type="checkbox"/> Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates) <input type="checkbox"/> YES <input type="checkbox"/> NO<br><input type="checkbox"/> Money Lending / Pawning <input type="checkbox"/> YES <input type="checkbox"/> NO                                     |
| <p>Any other information</p>  |   |

- I /We wish to receive the standard account opening documents i.e :- Rights & Obligations (Stock Broker and Depository Participant) , Uniform Risk Disclosure Documents and guidance note detailing Do's and Dont's in the below mentioned mode :-

☐ Electronic    ☐ Physical

### Additional Details

Whether you wish to receive physical contract note or Electronic Contract Note (ECN)/Statement of A/c please specify : ☐ Physical    ☐ Electronic

Specify your Email Id, if applicable : \_\_\_\_\_ Number of years of Investment / Trading experience : \_\_\_\_\_ (strike off, if not applicable)

Whether you wish to avail of the facility of Internet Trading/Wireless Technology (please specify) : ☐ Yes    ☐ No (strike off, if not applicable)

Any other information :

### DP Account(s) Details

In case, client does not have a DP Account, this column may not be filled in.

|  |   |  |
|--|---|--|
| Depository Name: <input type="checkbox"/> NSDL <input type="checkbox"/> CDSL | DP ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Depository Participant Name _____  |
| Beneficiary Name _____   |   | Beneficiary ID (BO ID) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

### Past Actions

Details of any action/proceedings initiated/pending/ taken by SEBI/ Stock Exchange/any other authority against the applicant/constituent or its partners/ promoters/whole time directors/authorized persons in charge of dealing in securities during the last 3 years:

☐ Yes    ☐ No    If yes, provide details: \_\_\_\_\_



### Dealings Through Authorized Persons And Other Members

If the client is dealing through any other Member / Authorized Person (AP), provide the following details (in case dealing with multiple Members/APs, provide details of all in a separate sheet containing all the information as mentioned below):

Member's / AP's Name:

Exchange:

Exchange's Registration number:

Concerned Member's Name with whom the AP is registered:

Registered office address:

Pin Code:

Phone:

Fax:

Email ID:  Website:

Client Code:

Details of disputes/dues pending from/to such Member/AP:

### Trading Preferences

Please sign in the relevant boxes where you wish to trade. Please strike-off the segment not chosen by you

| NSE                      |                          | BSE                      |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Cash                     | F&O                      | Cash                     | Mutual Fund              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(Strike off, if not applicable)

"In future, if you wish to trade on any new segment / exchange, please submit a duly signed authorisation / letter to us."

Please sign here if you are choosing all the segments :-

### Purpose of Trading

☐ Hedging ☐ Investment ☐ Others (Specify)

### GST Details

GST Registration No. :  GST Location :

### Introducer Details

Name of the Introducer:

(Surname) (Name) (Middle Name)

Status of the Introducer: ☐ Authorized Person ☐ Existing Client ☐ Others, please specify :

Address of the Introducer:

PAN No.

Client Code

Tel. No.

Signature of the Introducer: 

### Default

|  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <input type="checkbox"/> Saving  | <input type="checkbox"/> Current          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <hr/>  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <hr/>  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pin <table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <hr/>  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| IFSC Code:   | MICR No.:                      NEFT Code: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

## Optional

|   |           |  |
|---|-----------|--|
| <input type="checkbox"/> Saving   |           | <input type="checkbox"/> Current   |
| <hr/>   |           |  |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |           |  |
| <hr/>   |           |  |
|   |           | Pin <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div> |
| IFSC Code:  | MICR No.: | NEFT Code:   |

## Client Declaration

1. 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.
2. I/We confirm having read/been explained and understood the contents of the document on policy and procedures of the stock broker and the tariff sheet.
3. I/We further confirm having read and understood the contents of the 'Rights and Obligations' document(s) and 'Risk Disclosure Document'. I/We do hereby agree to be bound by such provisions as outlined in these documents. I/We have also been informed that the standard set of documents has been displayed for Information on stock broker's designated website, if any.
4. I/We hereby submit self-certified Aadhaar copy(ies) with my/our due consent for opening the above account associated with my/our investment with Spark.



First Authorised Signatory



Second Authorised Signatory



Third Authorised Signatory

Place

Date 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

## Office Use Only

I/We undertake that we have made the client aware of tariff sheet and all the voluntary/non-mandatory documents. I/We have also made the client aware of Rights and Obligations document (s), RDD, Do's and Dont's and Guidance Note. I/We have given/sent him a copy of all the KYC documents.

I/We undertake that any change in the tariff sheet and all the voluntary/non-mandatory documents would be duly intimated to the clients. I/We also undertake that any change in the Rights and Obligations and RDD would be made available on my/our website, if any, for the information of the clients.

**For Spark Family Office and Investment Advisors (India) Private Limited**

**Authorised Signatory**

## FINANCIAL STATUS AND OTHER DETAILS

### a. Annual Income (Last 3 years from the date of the opening of this account)

The information is sought under the Prevention of Money Laundering Act, 2002, the rules notified there under and SEBI/FMC and Exchange Guidelines issued on Anti Money Laundering

#### 1<sup>st</sup> Year :

- |   |   |   |   |  |
|---|---|---|---|--|
| <input type="checkbox"/> upto Rs. 1 lac             | <input type="checkbox"/> Rs. 1 lac to Rs. 2 lacs    | <input type="checkbox"/> Rs. 2 lacs to Rs. 5 lacs   | <input type="checkbox"/> Rs. 5 lacs to Rs.10 lacs |  |
| <input type="checkbox"/> Rs. 10 lacs to Rs. 25 lacs | <input type="checkbox"/> Rs. 25 lacs to Rs. 50 lacs | <input type="checkbox"/> Rs. 50 lacs to Rs. 1 crore | <input type="checkbox"/> Rs. 1 crore to 5 crore   | <input type="checkbox"/> Above 5 crore |

#### 2<sup>nd</sup> Year :

- |   |   |   |   |  |
|---|---|---|---|--|
| <input type="checkbox"/> upto Rs. 1 lac             | <input type="checkbox"/> Rs. 1 lac to Rs. 2 lacs    | <input type="checkbox"/> Rs. 2 lacs to Rs. 5 lacs   | <input type="checkbox"/> Rs. 5 lacs to Rs.10 lacs |  |
| <input type="checkbox"/> Rs. 10 lacs to Rs. 25 lacs | <input type="checkbox"/> Rs. 25 lacs to Rs. 50 lacs | <input type="checkbox"/> Rs. 50 lacs to Rs. 1 crore | <input type="checkbox"/> Rs. 1 crore to 5 crore   | <input type="checkbox"/> Above 5 crore |

#### 3<sup>rd</sup> Year :

- |   |   |   |   |  |
|---|---|---|---|--|
| <input type="checkbox"/> upto Rs. 1 lac             | <input type="checkbox"/> Rs. 1 lac to Rs. 2 lacs    | <input type="checkbox"/> Rs. 2 lacs to Rs. 5 lacs   | <input type="checkbox"/> Rs. 5 lacs to Rs.10 lacs |  |
| <input type="checkbox"/> Rs. 10 lacs to Rs. 25 lacs | <input type="checkbox"/> Rs. 25 lacs to Rs. 50 lacs | <input type="checkbox"/> Rs. 50 lacs to Rs. 1 crore | <input type="checkbox"/> Rs. 1 crore to 5 crore   | <input type="checkbox"/> Above 5 crore |

### b. Networth Details (as on the date of account opening)

- |   |   |   |   |  |
|---|---|---|---|--|
| <input type="checkbox"/> upto Rs. 1 lac             | <input type="checkbox"/> Rs. 1 lac to Rs. 2 lacs    | <input type="checkbox"/> Rs. 2 lacs to Rs. 5 lacs   | <input type="checkbox"/> Rs. 5 lacs to Rs.10 lacs |  |
| <input type="checkbox"/> Rs. 10 lacs to Rs. 25 lacs | <input type="checkbox"/> Rs. 25 lacs to Rs. 50 lacs | <input type="checkbox"/> Rs. 50 lacs to Rs. 1 crore | <input type="checkbox"/> Rs. 1 crore to 5 crore   | <input type="checkbox"/> Above 5 crore |

### c. Please tick mark the additional applicable category to you

- ☐ Non-resident client
- ☐ High net-worth client (having annual income + networth of more than Rs. 1 crore)
- ☐ \*Trust, Charities, NGOs / NPO and organizations receiving donations
- Do you receive foreign contribution or donation from foreign sources ? YES ☐ NO ☐

*Note: \*In order to receive foreign contribution or donation from foreign sources, entities such as NGO, NPO, Charitable Trusts, Societies are required to be registered under Section 6(1) of Foreign Contribution Regulation Act, 2010. As per FCRA foreign contributions cannot be invested in Mutual Funds and other speculative investment.*

- ☐ Company having close family shareholdings or beneficial ownership
- ☐ Civil Servant or family member or close relative of civil servant
- ☐ Bureaucrat or family member or close relative of bureaucrat
- ☐ Current or Former MP or MLA or MLC or their family member or close relative
- ☐ Politician or their family member or close relative
- ☐ Current or Former Head of State or of Governments or their family member or close relative
- ☐ Senior government/judicial/ military officers or their family member or close relative
- ☐ Senior executives of state-owned corporations or their family member or close relative
- ☐ Companies offering foreign exchange offerings
- ☐ None of the above

I hereby further confirm/undertake that the investments/trading done in capital market are from my own/borrowed sources of funds and I confirm that the funds utilized for trading activity by me is in compliance with the rules, regulations and guidelines stipulated under PMLA

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First Authorised Signatory

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Second Authorised Signatory

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Third Authorised Signatory

## Know Your Tariff Plan

### Standard Brokerage Plan:

| Plan   | Delivery Date | Futures* and Intraday Cash | Options Premium Rate       | Currency Future Rate | Currency Options Premium |
|--------|---------------|----------------------------|----------------------------|----------------------|--------------------------|
| Silver | 0.50%         | 0.05%**                    | 2.50% or Rs. 300/- per lot | 0.03%                | Rs. 15/- per lot         |

\* Futures include: Stock Futures, Index Futures as well as Currency Futures, \*\* On each Leg.

- Brokerage rate of 0.5% for all clients on acceptance of shares that are tendered in any buyback offer
- Minimum brokerage per order of Rs 25 (subject to maximum of 2.5%) or maximum slab as per the regulatory guidelines will be levied.
- In case physical delivery is taken in derivatives segment above Delivery rate will be applicable.

**Spark Family Office and Investment Advisors (India) Private Limited (SFO) DP ID – 12090100 With effect from 1st January 2018**

### DEPOSITORY CHARGES - SCHEDULE. 'A'

| Particulars  | <input type="checkbox"/> Star Scheme (POA)   | <input type="checkbox"/> Regular Scheme (POA)   | <input type="checkbox"/> Regular Scheme (Non POA)   |
|--|--|---|---|
| <b>1. Maintenance Charges</b>                                  | Rs.2000/- one time No annual maintenance charges. Additional Rs. 500 will be charged annually for Corporate accounts (Refer note below). | Free for 1st year. From 2nd year onwards Rs.500/p.a. Additional Rs. 500 will be charged annually for Corporate accounts (Refer note below). | Free for 1st year. From 2nd year onwards Rs.500/p.a. Additional Rs. 500 will be charged annually for Corporate accounts (Refer note below). |
| <b>2. Market/Off Market Transfers/Inter Depository</b>         |  |   |   |
| <b>a) Purchase (Credit in)</b>                                 | Nil  | Nil   | Nil   |
| <b>b) Market Sell Within Spark</b>                             | 0.02% of the transaction value or Rs.20/- per transaction, whichever is higher   | 0.02% of the transaction value or Rs.20/- per transaction, whichever is higher  | 0.02% of the transaction value or Rs.25/- per transaction, whichever is higher  |
| <b>c) Off Market Transaction</b>                               | 0.03% of the transaction value or Rs.20/- per transaction, whichever is higher   | 0.03% of the transaction value or Rs.20/- per transaction, whichever is higher  | 0.03% of the transaction value or Rs.20/- per transaction, whichever is higher  |
| <b>d) Sell (Debit from) target other than 2 b) and c above</b> | 0.03% of the transaction value or Rs.40/- per transaction, whichever is higher   | 0.03% of the transaction value or Rs.40/- per transaction, whichever is higher  | 0.03% of the transaction value or Rs.40/- per transaction, whichever is higher  |
| <b>3. Pledge / Hypothecation</b>                               |  |   |   |
| <b>a) Creation / Acceptance / Closure</b>                      | 0.02% of the transaction value or Rs.50/- per transaction, whichever is higher   | 0.02% of the transaction value or Rs.50/- per transaction, whichever is higher  | 0.02% of the transaction value or Rs.50/- per transaction, whichever is higher  |
| <b>b) Invocation</b>   | 0.02% of the transaction value or Rs.25/- per transaction, whichever is higher   | 0.02% of the transaction value or Rs.25/- per transaction, whichever is higher  | 0.02% of the transaction value or Rs.25/- per transaction, whichever is higher  |
| <b>4. Demat Charges</b>  | Rs. 2.00 Per Certificate + Rs.30/- for Postage   | Rs. 2.00 Per Certificate + Rs.30/- for Postage  | Rs. 2.00 Per Certificate + Rs.30/- for Postage  |
| <b>5. Remat Charges</b>  | Rs.10/- per 100 securities or part thereof (Subject to minimum Rs 10/-per request)+ Rs. 30/- for Postage                                 | Rs.10/- per 100 securities or part thereof (Subject to minimum Rs 10/-per request)+ Rs. 30/- for Postage                                    | Rs.10/- per 100 securities or part thereof (Subject to minimum Rs 10/-per request)+ Rs. 30/- for Postage                                    |
| <b>6. Account Closing</b>                                      | Nil  | Nil   | Nil   |



First Authorised Signatory



Second Authorised Signatory



Third Authorised Signatory

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Date : \_\_\_\_\_

From: \_\_\_\_\_

Client Code: \_\_\_\_\_

DP Client Code: \_\_\_\_\_

**Spark Family Office and Investment Advisors (India) Private Limited**

'Reflections', New No. 2, Leith Castle Center Street,  
Santhome High Road, Chennai 600028

Dear Sir,

**Subject : KYC Document Booklet & Declaration for opening Trading and Depository Account**

**Declaration for Opening Trading (for Equity) and Depository Account Alongwith Acceptance of KYC Document Booklet.**

1. I am desirous of opening the trading for Equity with **Spark Family Office and Investment Advisors (India) Private Limited** and /or depository account with **Spark Capital Advisors (India) Private Limited** and I am in the process of executing client registration documents relating to the opening of trading and demat account.
2. I have furnished all the details required in the KYC form as per SEBI/Exchange / Depository requirements. I confirm having read/been explained and understood the contents of the KYC documents which are provided to me in separate booklet. The KYC document booklet includes the following :-
  - a) Instructions and Checklist for filling the KYC, Ckyc form and FATCA Declaration
  - b) Information on Anti Money Laundering
  - c) Rights and Obligations of the parties relating to Trading account (Including internet and wireless technology based trading) prescribed by SEBI and Stock Exchanges and Rights and Obligations between Beneficiary Owner and Depository Participant
  - d) Uniform Risk Disclosure Document (RDD) prescribed by SEBI and Stock Exchanges, including guidance note and Do's and Don'ts for clients
  - e) Policies and Procedures (under paragraph 8 of SEBI Circular No : MIRSD/SECIR-19/2009 dated December 3, 2009)
  - f) Additional terms and conditions for Equity - (Voluntary Document)
  - g) Terms and Conditions- for receiving SMS Alerts from CDSL (Annexure 2.4) and Transaction Using Secured Texting (TRUST) (Annexure 2.6)
  - h) General Information for both Trading and Demat account
3. I understand that the KYC document booklet is in accordance of the exchanges and/or SEBI/DP requirements applicable for opening trading/DP account. I understand and agree that any amendment/modifications as required by the exchanges/DP and/or regulators will be applicable to me at all point of time and changes if any in future will be intimated to me.
4. I understand that as additional control have registered the KYC documents related to opening of trading and depository account, respectively are registered with the Sub-Registrar of Assurances, Mumbai bearing registration number BBI1/4615/2014 and BBI2/4617/2014 respectively dated May 30, 2014 and same is available with the registrar for records and reference purpose. This is not mandated by SEBI.
5. I have received the booklet with above mentioned contents. I also confirm having read/been explained and understood the contents of the documents on policy and procedures of the stock broker and their Terms & Conditions in the booklet.

Date: 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

 \_\_\_\_\_

Signature of Client/ (all) Authorized Signatory (ies)

Place: \_\_\_\_\_

## POWER OF ATTORNEY

*(Limited purpose POA in favour of SFO for operational requirements as per client authorization/instruction)*

This Power of Attorney (POA) is made by me/us, as mentioned in Schedule 1 in favour of **Spark Family Office and Investment Advisors (India) Private Limited**, a company incorporated under the provisions of the Companies Act, 1956 in India and having its registered office at Reflections, No. 2, Leith Castle Center Street Santhome High Road, Chennai – 600028, Tamil Nadu. (hereinafter referred to as “Spark Family Office” or “SFO” or “Attorney”).

### WHEREAS

- (i) Spark Family Office is a member of the National Stock Exchange of India Limited (“NSE”) and Bombay Stock Exchange Limited (“BSE”), bearing Securities and Exchange Board of India (“SEBI”) single registration no. INZ000285135.
- (ii) Spark Family Office is also registered with SEBI as an Investment Adviser bearing registration no. INA200000712.
- (iii) Spark Family Office is registered with the Association of Mutual Funds in India (“AMFI”) as a Mutual Fund Distributor having registration no. ARN86685. Spark Family Office additionally offers services, including distribution of mutual funds, initial public offers, follow on public offers, offer for sale, alternate investment funds, bonds/debts and other financial products.
- (iv) Spark Capital Advisors (India) Private Limited (“SCA”) is the holding company of SFO and is a Depository Participant registered with Central Depository Services (India) Limited (“CDSL”), having SEBI registration no. IN-DP- 453-2020.
- (v) In addition to the above offerings, SCA along with its other subsidiaries, provides services that include but are not limited to stock brokerage services, investment banking, research services, fund management services, portfolio management services and may provide lending and/or financing services.

### AND WHEREAS

- (i) I/We have availed or wish to avail the services offered by SFO including transacting and/or investing in securities and other financial products.
- (ii) I/We have availed or wish to avail Depository Participant services from SCA.
- (iii) I/We have availed or wish to avail execution services from SFO including investment/ redemption/ operation as more particularly mentioned hereinafter.
- (iv) For the purposes as stated more specifically hereafter, I/we am/are desirous of executing a POA in favour of SFO, authorising it to act for and on my behalf.

### NOW IT BE KNOWN TO ALL CONCERNED THAT

I/We (who is executing this Power of Attorney) do hereby nominate, constitute, appoint and authorise Spark Family Office in its capacity as a SEBI registered stock broker, to act through any of its employees or directors (duly authorised to act as such by Spark Family Office), to be my/our lawfully constituted Attorney acting for my/our Account(s) as specifically set out in Schedule 1 to this POA (as may be amended from time to time) and to do all or any of the following acts, deeds and things in relation to the services provided by the Attorney including:

1. To represent and to make necessary application(s) on my/our behalf to any government or quasi-government entities or agencies, or any authorities in India, any bank or financial or capital markets intermediary or any other persons (together referred to as “Entities”) for the purchase or sale of listed or unlisted shares, scrips, mutual funds, bonds, debentures, including interests

in mutual fund units, pooled investment schemes, alternative investment funds, applications for any initial public offer, follow on public offer or issue of shares/debentures/bonds, sales in any buy-back or open offer, renunciation of, or application to any issue of rights, additional, preferential or other basis, splitting, consolidation, redemption or conversion of the securities or any such financial products, on behalf of me/us, as permitted under the applicable SEBI regulations (together referred to as “Securities”) pursuant to receipt of instructions from me/us and to operate the Accounts to give effect to the abovementioned activities. Specific instructions shall be issued in writing by me/us to SFO for such acts. An audit trail shall be maintained by SFO for such transactions with my/our co-operation.

2. To operate on my/our behalf, the Depository Participant Account held solely or jointly by me/us as mentioned in Schedule 1, for holding and/or to keep the Securities acquired in custody and to:
  - (i) transfer Securities towards stock exchange related delivery/settlement obligations arising out of the trades executed by me/us on the stock exchanges through SFO;
  - (ii) transfer or dispose of Securities pursuant to my/our instructions, to such Depository Participant Account in my/our name (held solely or jointly with any other person) as communicated in a format satisfactory to SFO.
3. To create a pledge on the Securities held in my/our Depository Participant Account or to be hereafter acquired for the purpose of meeting the margin/delivery requirements/obligations in connection with the trades executed by me/us on the stock exchanges through SFO and to further endorse the pledge by re-pledging the Securities for the aforementioned purposes to the clearing member (s) / clearing corporation(s) and invoking the pledge/ re-pledge or releasing the same and to sign and execute all transfer deeds, forms, applications or such other instruments, documents and papers as may be necessary in my/our name for effecting the same. The creation of pledge / re-pledge / hypothecation of Securities shall be only through the procedure laid down under the SEBI (Depositors and Participants) Regulations 1996, SEBI Circular No. SEBI / HO / MIRSD / DOP / CIR / P / 2020 / 28 dated February 25, 2020 and other circulars issued by SEBI from time to time.
4. To enable SFO to give full disclosure of the details of my/our pledge/re-pledge to the clearing member(s) and clearing corporation(s) so as to ascertain my/our exposure and/or margin credit in respect of the Securities pledged/re-pledged.
5. To operate the said Account(s) specified in Schedule 1, for the transfer of my/our monies including interests, dividends and other monies arising from sale or realizations of Securities (“Funds”):
  - (i) for meeting the settlement obligations/margin requirements on my/our behalf in connection with the trades executed by me/us on the stock exchanges through SFO;
  - (ii) for recovering any outstanding amount due from me/us arising out of my/our trading activities on the stock exchanges through SFO;
  - (iii) for meeting obligations arising out of purchasing/subscribing to such Securities by me/us through SFO;

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- (iv) towards monies/fees/charges due to SFO payable by me/us by virtue of using or subscribing to any of the services availed by me/us through SFO and its affiliates;
- (v) into such bank Accounts held in my/our name (solely or jointly with any other person) pursuant to instructions received from me/us for such transfer, as communicated in a format satisfactory to SFO; and
- (vi) to return to me/us, any Funds that may have been received by SFO erroneously or any such Funds that it was not entitled to receive from me/us.

An audit trail shall be maintained by SFO for such transactions with my/our co-operation.

6. To send to me/us an initial confirmation request in order to obtain my/our consent with respect to my/our margin pledge instruction and margin re-pledge thereof by way of sending an OTP confirmation on my/our registered mobile number or electronic mail address or in another manner permitted by SEBI.
7. To return to me/us, any Securities that may have been received by SFO erroneously or any such Securities that it was not entitled to receive from me/us.
8. To send to me/us, consolidated summary of buy and sell positions taken with average rates as stated in the relevant scrips, by way of short messaging service ("SMS") or electronic mail on a daily basis, notwithstanding any other document that is sent or to be sent to me/us.
9. Any instructions issued pursuant to this Power of Attorney by SFO to any Entities or any other person may be issued, through or by, the internet, fax, email, or any other electronic means or other instructions whatsoever.
10. No power pursuant to this POA shall provide for:
  - (i) the transfer of Securities to facilitate "Off market trades";
  - (ii) the transfer of Funds for trades executed by me/us through any other stock broker;
  - (iii) opening a broking/trading facility with any stock broker or for opening a beneficial owner account with any depository participant;
  - (iv) executing trades in my/our name without my/our consent;
  - (v) any prohibition of issuance of Delivery Instruction Slips ("DIS") to me/us;
  - (vi) any prohibition on me/us towards operating my/our Account;
  - (vii) merging of balances (dues) under various accounts to nullify debit in any other account;
  - (viii) opening of an email ID/ email account on my/our behalf for receiving statement of transactions, bills, contract notes etc. from stock broker / depository participant; and
  - (ix) renouncing of liability for any loss or claim that may arise due to any blocking of Funds that may be erroneously instructed by SFO to my/our bank Account.

I/We hereby authorize SFO to enter into, make, sign, execute and deliver any documents, instruments or writings, incidental or connected with services under and/or dealings in Securities, in relation to, the authorities granted herein and to do all such acts, deeds, matters and things for and on behalf of me/us as may be necessary, proper, convenient or expedient.

I/We hereby confirm that all powers hereby conferred, may be exercised by any directors, officers, employees or managers of SFO who are duly authorized by SFO from time to time and acting for and in the name of SFO.

With respect to the acts performed by SFO as my/our Attorney under the authorities granted herein, I/we shall provide such clarifications and declarations as may be required from time to time by the Entities under any applicable laws. I/We hereby authorize and agree to fully co-operate with SFO to maintain an audit trail with respect to the authorities granted herein.

I/We hereby agree for myself/ourselves and my/our heirs, legal representatives and administrators that all acts, deeds, matters and things done by SFO shall be construed as done by me/us.

This Power of Attorney is revocable by me/us at any time, upon giving proper notice to SFO in order to record the date and time stamp for ensuring proper audit trail. Such revocation shall not be applicable for any outstanding settlement obligation arising out of the trades carried out prior to receiving request for revocation of POA.

I/We hereby, further ratify and confirm and covenant my/our successors and/or permitted assigns to ratify and confirm and covenant, all and whatsoever has been or shall be lawfully done by SFO, its employees and directors, agents and any other delegates in the premises by virtue of these presents. Such ratification and confirmation shall extend to whatever shall be done between the time of the revocation by any other means of these presents and the time of such revocation becoming known to SFOs, its directors, employees, agents and any other delegates.

I/We hereby agree to indemnify and keep indemnified and hold SFO and its affiliates, directors, employees, agents and any other delegates harmless from any and all costs, liabilities and expenses, resulting directly or indirectly from compliance with all lawful actions in accordance with proper instructions received from me/us.

I/We hereby agree that the powers enumerated above shall be given the widest interpretation and shall not be construed as setting limits to the general authority conferred on the Attorney herein, unless specified to the contrary.

I/We hereby agree that the powers enumerated above shall be interpreted in accordance with applicable SEBI regulations for the services contemplated to be rendered.

I/We hereby agree that any letter or letters attached hereto shall form an integral part of this Power of Attorney.

I/We hereby agree that this Power of Attorney shall be valid and take effect from the date mentioned in Schedule 1.

I/We hereby agree that details mentioned in the Schedule shall form an integral part of the POA and shall validly take effect from the date mentioned in Schedule 1.

I/We hereby agree that any modifications/ additions /deletions to this POA shall be reduced to writing in the form of an addendum / amendment to this POA and if requested by SFO, shall be executed by me/us in favour of SFO. The addendum/ amendment shall form an integral part to this POA.

I/We hereby agree that this Power of Attorney shall be governed by and interpreted in accordance with the Indian Laws and shall be subject to the jurisdiction of the courts of Chennai.

By signing on this document you authorize SCA to execute the following:

1. Delivery instructions on your trades      Settlement of trades      3. Meeting      Margin requirements

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First Authorised Signatory

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Second Authorised Signatory

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Third Authorised Signatory



**Schedule I (Details of Client/Principals)**

This Power of Attorney is made and executed at on this \_\_\_\_\_ day of \_\_\_\_\_ 202\_\_ and shall be subject to the jurisdiction of the courts in Chennai.



The word "Client" shall mean the persons, identified as below and shall, unless repugnant to the context or meaning hereof, include his / her / its nominees / heirs / executors / administrators / successors and assigns being an individual / partnership firm / trust / AOP / a Company incorporated under the Companies Act, 1956.

|                             |   |
|-----------------------------|---|
| Name of Client/First Holder |   |
| Address of Client           |   |
| Trading Account No.         |   |
| Depository Participant Name | <b>Spark Capital Advisors (India) Private Limited</b>                     |
| DP ID CDSL                  | <b>12090100</b> <input type="text"/> (Please select whichever applicable) |
| Demat Account No.           |   |

**Schedule II** (Details of Stock Broker's Demat Account)

| Name of DP / CC | DP ID    | Account Type                    | Account No | CM BP ID |
|-----------------|----------|---------------------------------|------------|----------|
| SHCIL           | IN301330 | NSE POOL A/C NSDL               | 22406772   | IN520850 |
| SHCIL           | IN301330 | BSE POOL A/C NSDL               | 22406836   | IN667338 |
| Spark Capital   | 12090100 | NSE POOL A/C CDSL               | 00000183   | -        |
| Spark Capital   | 12090100 | BSE POOL A/C CDSL               | 00000179   | -        |
| Spark Capital   | 12090100 | BSE PRINCIPAL                   | 00000164   | -        |
| ICCL            |          | BSE STAR MF                     | 00000164   | IN620031 |
| Spark Capital   | 12090100 | CLIENT UNPAID SECURITIES        | 00000261   | -        |
| SHCIL           | IN301330 | CLIENT UNPAID SECURITIES        | 22406764   | -        |
| SHCIL           | IN301330 | CLIENT SECURITIES MARGIN PLEDGE | 40352829   | -        |
| Spark Capital   | 12090100 | CLIENT SECURITIES MARGIN PLEDGE | 00000432   | -        |

In WITNESS WHEREOF, I/We hereunto set and subscribed our respective hands on the day, date and year herein above mentioned

| "Client/s/Principal/s"      | Name | Signature   |
|-----------------------------|------|---|
| First Authorised Signatory  |      |  |
| Second Authorised Signatory |      |  |
| Third Authorised Signatory  |      |  |
| Witness 1                   |      |  |
| Witness 2                   |      |  |

Date           Place \_\_\_\_\_

Acceptance of Power of Attorney

I, \_\_\_\_\_ (Name, Address, Designation) on behalf of Spark Family Office and Investment Advisors (India) Private Limited accept appointment as an agent under this power of attorney and undertake the powers conferred hereunder shall be exercised by me and/or by any other person authorized by Spark Family Office and Investment Advisors (India) Private Limited, in accordance with the conditions and directions set out above.

(Date & Signature of Agent) \_\_\_\_\_

## Voluntary Authorisation Letter

From :

Client Code: \_\_\_\_\_

DP Client Code: \_\_\_\_\_

Date :

**Spark Family Office and Investment  
Advisors ( India) Private Limited**

By ticking on YES you authorize SCA to maintain the Trading Account as Running Account thereby adjusting any obligations and receivables.

Dear Sir,

**Subject : Voluntary Authorisation letter**

**1. Authorisation for Periodic Settlement of Funds and Securities** ☐ Yes ☐ No

- To maintain my/our account on a running account basis and adjust any amounts receivable from me against any credits standing into my account or from my forthcoming payouts payable by me/ us to Spark Family Office and Investment Advisors (India) Private Limited, where I am / we are registered with you as a Client.
- I/We request you to keep my/our funds with you to meet my/our pay in obligations in the succeeding settlements in the same segment as well as other segments of BSE and/or NSE and/or MSEI where I/We am/are registered with you as a Client.
- Further it is observed that many times the date on which payment is due to me/us from you and the date which I am/ we are required to make payment to you are very close and therefore exchange of cheques become unnecessary paper work. Hence, I/We request you to maintain the running account facility with you. I/We agree that you shall not be required to pay any interest/ charges/ cost in respect of funds on a running account basis.
- I/We hereby give my/our consent for periodic settlement of my /our funds.
- I am /We are aware that in terms of SEBI circular CIR/HO/MIRSD/DOP/CIR/P/2019/75 dated June 20, 2019 any excess securities available in your Client Collateral / Collateral account will be released to me/us along with funds settlement after making necessary retention as may be permitted by regulators.

However my/our preference for periodic settlement of funds and securities is as follows:-

- Monthly ☐
- Quarterly ☐

- I/We declare that this authorisation is revocable by me/us at any time without giving any prior notice of such revocation to Spark Family Office and Investment Advisors (India) Private Limited
- I/We agree that for any pay outs from my trading account, I/We specifically shall intimate about the same and Spark Family Office and Investment Advisors (India) Private Limited shall upon due scrutiny of my account and upon adherence to its policy/procedure, shall release eligible amount to me/us. I/We agree that this authorisation shall have an equal binding effect to the successors, executors and assigns of Spark Family Office and Investment Advisors (India) Private Limited
- I/We hereby authorise you to transfer/adjust all the additional funds lying in my/our ledger account after meeting my obligations/dues, to the collateral account to avail exposure or keep all funds in your margin account with you to meet my margin obligations or keep the same with any exchange and/or with clearing member in the form of fixed deposit or any other form to avail exposure/meet margin requirements. This arrangement would be without any consideration or the funds so moved will not bear any interest/commission payable to me/is in the event of above arrangement.

**2. Authorization for receiving ECN's and any documents/communications in electronic form by E-mail from the Stock Broker for Equity, Derivatives and Depository Participant** ☐ Yes ☐ No

I am registered as a Client and having the captioned trading account and Depository account hereby authorize SCA for the following: or SMS.

By ticking on YES you authorize SCA to send all important communication like notices, contract notes etc. from SCA by mail or SMS.

- I/we authorize SFO to issue me/us electronic contract notes (ECN's), bills, trade confirmations, ledgers, daily margin statements, statement of accounts for periodical settlement of funds and securities, any notices, circulars, amendments and such other correspondence or communication related to my/our trading account (hereinafter referred to as "Documents") and wherever required duly authenticated by means of a digital signature as specified in the information technology Act, 2000 and the rules made there under to the E-mail ID as mentioned hereunder.
- I/We understand that the documents received on e-mail/displayed on website are for my/our convenience. I/we will take all the necessary steps to ensure confidentiality and secrecy of the login name & password of the internet/email account. I / we are aware that the documents as may be accessed by other entities in case the confidentiality/ secrecy of the login name and password is compromised.
- I/We shall verify the authenticity of the e-mails which I/we shall receive. SFO shall not be responsible, if I/we do not receive the documents due to incorrect email id and / or technical reasons.

To be continued....

continued from previous page.

- d) I authorize SCA to issue me bills, ledgers, monthly/quarterly/yearly demat transaction cum holding statements, any notices, circulars, amendments and such other correspondence or communication related to my demat account (hereinafter referred to as "Documents") and wherever required duly authenticated by means of a digital signature as specified in the information technology Act, 2000 .
- e) I understand that wherever the e-mails have not been delivered to me or has been rejected (bouncing of mails) from the e-mail ID of mine, SCA would send physical document to me. I further hereby agree that SCA have fulfilled the legal obligation, if the above documents are sent electronically to the above-mentioned e-mail ID. I agree that SCA will not be responsible for non receipt of documents sent via electronic delivery due to change in email address or for any other reason which inter alia include my email/inbox running out of capacity, malfunction of my computer system/server/internet connection, mails received by frauds/imposters etc. I also agree that SCA shall not take cognizance of out-of office/ out-of-station auto replies and I shall be deemed to have received such electronic mails.

I shall inform SFO in writing if there is any change in my registered e-mail ID. \_\_\_\_\_

**3. Authorisation for debiting various depository charges:-** ☐ Yes ☐ No

By ticking on YES you authorize SCA to deduct all DP charges from your account.

- a) I hereby give my consent/authority to debit/recover all types of depository charges viz annual maintenance charges, inter settlement charges, any type of transaction charges as is levied on me for the transactions carried out in my demat account including any statutory levies, services tax or any other tax/charges/fees in/from my trading ledger having the captioned client code as maintained with SFO. I understand and agree that such depository charges will be debited in my trading ledger maintained with SFO irrespective of the ledger balance on periodically and/or as per the details provided by SCA.
- b) I instruct SFO to provide the requisite information periodically and/or on occasion basis of such charges levied on me to SFO with whom I have opened the trading account. I understand and consent that SCA shall have the right to recover the depository charges like any other trade dues payable by me from my trading ledger. I hereby further authorize SFO to set off a part or whole of the collateral/ledger balances/securities in my demat account i.e. by way of appropriation of the relevant amount of cash or by way of sell or transfer or liquidation/close out positions of all or some of the securities placed as collateral or lying in my demat account as stated above for the purpose of clearing any outstanding amount related to the aforesaid demat account maintained with SCA. Any and all losses and financial charges on account of such liquidation/close-out shall be borne by me.

**4. Sharing of Data & Information:-** ☐ Yes ☐ No

By ticking on YES you express your approval and interest in receiving information on various other financial products/services that SFO has to offer.  
You also allow SFO to share your preferences with other allied businesses.

- a) I have opened a trading account with SFO having the captioned client code and demat account with SCA-DP having the captioned client code and am interested in knowing about various financial products /facilities offered by your associate/group companies. I am aware that associate/group companies are required to obtain information about me and my transactions for providing various financial products/facilities.
- b) I authorize you, your group companies and associates to keep me informed with any financial product which Spark, its group companies and associates presently issue, deal in, or distribute or may, from time to time, launch, issue, deal in or distribute through e-mail, SMS, telephone, print media or otherwise as may be allowed .
- c) I hereby voluntarily accept and expressly authorize SFO to get the information from SCA-DP or from any other Depository Participant of its group/associate companies with whom I have the Demat account and share/disclose or use in any manner, the information/documents/data about me and our transactions, with group of associates companies which is offering the products / facilities. Information provided by me in the Trading and Demat Account Opening Kit. Transaction cum holding statement with SCA-DP and Any other related information. My holdings in stocks/securities. Ledger balances in my Trading/Demat Account across all Exchanges/Depositories.
- d) I authorize you to the extent appropriate for our relationship with you, personal information may be shared for the following purposes : -
- I. to comply with applicable laws, rules and regulations, including anti-terrorism, KYC, anti-money laundering and tax reporting rules and regulations
  - II. to comply with legal process, to respond to requests from public, regulatory or government authorities (including authorities outside your country of residency), and to allow us to pursue remedies and limit damage
  - III. to any of our associate / affiliate / group entities including our service providers performing delegated outsourced function to enable them to perform internal business processes (which facilitate transactions) such as risk management purposes, data analysis, audits, developing and improving new products and services, etc
  - IV. to any of our associate / affiliate / group entities to enable them to provide you with appropriate products and services
- e) I have no objection to SFO sharing the above information or any such other information, about me/us with its group/associate companies or affiliates. This is without legal obligation on you, your group companies and associates to so inform and you or they may, in their discretion, discontinue sending such information.

Name : \_\_\_\_\_ Place : \_\_\_\_\_

| <b>FATCA &amp; CRS Declaration</b><br><i>(Please consult your professional tax advisor for further guidance on FATCA &amp; CRS classification)</i>  |  |   |  |
|---|--|---|--|
| <b>TAX RESIDENCE DECLARATION</b> <i>(tick any one, as applicable)</i>   |  |   |  |
| <input type="checkbox"/> Entity is a tax resident of India and not resident of any other country <b>OR</b>  |  |   |  |
| <input type="checkbox"/> Entity is a tax resident of the country/ies mentioned in the table below   |  |   |  |
| Please indicate ALL the countries in which you are a resident for tax purposes and the associated Tax ID No. below  |  |   |  |
| Country   | Tax Identification Number <sup>6</sup>   | Identification Type (TIN or Other <sup>6</sup> , please specify)  |  |
|   |  |   |  |
|   |  |   |  |
| <sup>6</sup> <i>In case Tax Identification Number is not available, kindly provide functional equivalent <sup>5</sup></i><br><sup>5</sup> <i>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 &amp; attach this to the form</i>                            |  |   |  |
| In case the Entity's Country of Incorporation/ Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here: _____ <span style="float: right;"><i>(Refer 3(viii) of Part D)</i></span>   |  |   |  |
| <b>PART A</b><br><i>(to be filled by Financial Institutions or Direct Reporting NFEs)</i>   |  |   |  |
| <b>Entity is a</b><br><input type="checkbox"/> <b>Financial Institution <sup>1</sup></b><br><b>OR</b><br><input type="checkbox"/> <b>Direct reporting NFE <sup>2</sup></b>  | <b>GIIN</b>  | <b>Name of sponsoring entity</b>  |  |
|   |  |   |  |
|   | <i>Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name above.</i> |   |  |
| In case GIIN not available, please tick any one below (as applicable) <i>(options available only for Financial Institutions)</i><br><input type="checkbox"/> <b>Applied for</b><br><input type="checkbox"/> <b>Not required to apply for</b> <i>(Please specify sub-category <sup>3</sup> _____) Please provide with Form W8-BEN-E, duly filled in</i><br><input type="checkbox"/> <b>Not obtained – Non-participating FI</b> |  |   |  |
| <sup>4</sup> <i>If the entity is a FI and a tax resident outside India, please fill the below:</i>  |  |   |  |
| Are you from CRS Jurisdiction   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If No, please answer the next question)</i>  |  |
| Please refer to List of Signatories to CRS @ <a href="http://www.oecd.org/tax/automatic-exchange/international-framework-for-the-crs/">http://www.oecd.org/tax/automatic-exchange/international-framework-for-the-crs/</a>  |  |   |  |
| Are you an Investment Entity <i>(Refer 1(iii) of Part D)</i>  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, please answer the next question)</i>   |  |
| Is the entity managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity and the gross income of the entity is primarily attributable to investing, re-investing, or trading in financial assets<br><input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, please additionally fill Part C)</i>                                |  |   |  |
| <b>PART B</b><br><i>(to be filled by NFEs other than Direct Reporting NFEs; please fill any one as appropriate)</i>   |  |   |  |
| <input type="checkbox"/> <b>Publicly traded company <sup>4</sup></b> <i>(i.e. a company whose shares are regularly traded on an established securities market)</i>  |  | <input type="checkbox"/> <b>Related entity of a publicly traded company <sup>5</sup></b><br><input type="checkbox"/> <i>Subsidiary</i> <input type="checkbox"/> <i>Controlled</i> |  |
| <b>Name of the stock exchange</b><br><i>(Please specify any one stock exchange on which the stock is traded)</i>  |  | <b>Name of such publicly traded company</b>   |  |
|   |  |   |  |
|   |  | <b>Name of the stock exchange (any one)</b>   |  |
|   |  |   |  |
| <input type="checkbox"/> <b>Active NFE <sup>6</sup></b>   |  | <input type="checkbox"/> <b>Passive NFE <sup>7</sup></b>  |  |
| <b>Sub-category</b> <i>((Refer 2c of Part D))</i>   |  | <b>Nature of Business</b>   |  |
| <b>Nature of Business</b>   |  |   |  |

<sup>1</sup> Refer 1 of Part D in the Information booklet

<sup>2</sup> Refer 3(vii) of Part D in the Information booklet

<sup>3</sup> Refer 1A. of Part D in the Information booklet

<sup>4</sup> Refer 2a of Part D in the Information booklet

<sup>5</sup> Refer 2b of Part D in the Information booklet

<sup>6</sup> Refer 2c of Part D in the Information booklet

<sup>7</sup> Refer 3(ii) of Part D in the Information booklet

| <b>PART C</b><br><b>(to be filled only by Passive NFEs)</b>   |                      |                      |                      |
|---|----------------------|----------------------|----------------------|
| Please list below the details of each controlling person(s) , confirming ALL countries of tax residency/ permanent residency/ citizenship and ALL Tax Identification Numbers for EACH controlling persons (Please attach additional sheets if necessary): |                      |                      |                      |
|   | Controlling Person 1 | Controlling Person 2 | Controlling Person 3 |
| Name  |                      |                      |                      |
| Country of tax residency*   |                      |                      |                      |
| Address (include City State, Country & Pin code)  |                      |                      |                      |
| Telephone/ Mobile No. (with ISD code)   |                      |                      |                      |
| TIN (or functional equivalent for each country identified in relation to each person <sup>6</sup> )   |                      |                      |                      |
| Identification Type (TIN or Other, please specify)  |                      |                      |                      |
| Controlling person type code <sup>8</sup>   |                      |                      |                      |
| Additional details to be filled below <b>ONLY</b> by controlling persons having tax residency/permanent residency/citizenship in any country <b>other</b> than India including green card holders:  |                      |                      |                      |
|   | Controlling Person 1 | Controlling Person 2 | Controlling Person 3 |
| Customer ID (if allotted)   |                      |                      |                      |
| Gender<br>(Male, Female, Other)   |                      |                      |                      |
| City of Birth   |                      |                      |                      |
| Country of birth  |                      |                      |                      |
| Occupation Type<br>(Service, Business, Others)  |                      |                      |                      |
| Nationality   |                      |                      |                      |
| PAN   |                      |                      |                      |
| Father's Name<br>(if PAN not available)   |                      |                      |                      |
| Date of Birth   |                      |                      |                      |
| Address type for address mentioned above<br>(Residence or business, Residential, Business, Registered office)   |                      |                      |                      |
| Identification Type (Documents submitted as proof of identity of the individual) <sup>@</sup>   |                      |                      |                      |
| Identification Number (Mandatory if PAN or Aadhaar number is not reported)  |                      |                      |                      |
| Spouse's name (optional)  |                      |                      |                      |
| Aadhaar Number (optional)   |                      |                      |                      |

\*To include US, where controlling person is a US citizen or green card holder

% In case Tax Identification Number is not available, kindly provide functional equivalent<sup>1</sup>

@ Permissible values are:

- |                   |                    |                  |           |
|-------------------|--------------------|------------------|-----------|
| • Passport        | • Election ID card | • PAN Card       | • ID Card |
| • Driving License | • UIDAI Letter     | • NREGA Job card | • Others  |

<sup>8</sup> Refer 3(iv) (A) of Part D in the Information booklet

## CERTIFICATION

Under penalty of perjury, I/we certify that:

- I/We understand that the Spark Group is relying on this information for the purpose of determining the status of the account holder named above in compliance with FATCA/CRS. The Spark Group is not able to offer any tax advice on FATCA or CRS or its impact on the account holder. I/we shall seek advice from professional tax advisor for any tax questions.
- I/We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.
- I/We agree that as may be required by domestic regulators/tax authorities, the Spark Group may also be required to report, reportable details to CDBT or other authorities/agencies or close or suspend my account, as appropriate.
- I/We have understood the information requirements of this Form (read along with the FATCA/CRS Instructions and definitions in Part D to this Form) and hereby confirm that the information provided by me/us on this Form including the taxpayer identification number is true, correct, and complete. I/We also confirm that I/We have read and understood the FATCA, Terms and Conditions below and hereby accept the same.



First Authorised Signatory



Second Authorised Signatory



Third Authorised Signatory

Date:

Place: \_\_\_\_\_

This space is intentionally kept blank

Mutual Fund confirmations

To  
**Spark Family Office and Investment Advisors (India) Private Limited**  
'Reflections', New No. 2, Leith Castle Centre Street,  
Santhome High Road, Chennai 600028

Date: \_\_\_\_\_

Dear Sir,

**Subject: BSE Star MF**

I/We \_\_\_\_\_ am/are registered as your client with Client Code No. \_\_\_\_\_ and have entered into relationship with the Trading Member for the purpose of trading in the Capital Market Segment of BSE Limited and National Stock Exchange Ltd. (Exchange).

I/We am/are interested in availing the trading facility of the Exchange for the purpose of dealing in the units of Mutual Funds Schemes permitted to be dealt with on the BSE STAR MF on the Exchange.

I/we am/are providing my consent for mutual fund trading against collateral lying in my account. Also, aware that in event of non clearance of debit in my/our trading accounts; there is risk of stock collateral or MF collateral getting liquidated to extent of my/our ledger debit for recovery of trading debit.

For the purpose of availing this BSE STAR MF facility, I/We state that Know Your Client details as submitted by me/us for the stock broking may be considered for the purpose of BSE STAR MF and I/We further confirm that the details contained in same remain unchanged as on date.

I/We am/are willing to abide by the terms and conditions as mention in the circular dated December 2,2009 and such other Notices/Circulars as may be specified by the Exchange/ICCL from time to time in this regards, for BSE STAR MF and Terms & Conditions mentioned in circular.

I/We shall ensure also compliance with the requirements as may be specified from time to time by Securities and Exchange Board of India and Association of Mutual Funds of India (AMFI).

I/We shall read and understand the contents of the Scheme Information Document and Key Information Memorandum, addenda issued regarding each Mutual Fund Schemes with respect to which I/We choose to subscribe/redeem. I/We further agree to abide by the terms and conditions, rules and regulations of the Mutual Fund Schemes.

I/We therefore request you to register me/us as your client for participating in BSE STAR MF and MFSS.

Thanking you,

Yours faithfully,

Client Name \_\_\_\_\_

Demat A/c No. \_\_\_\_\_

1st Holder \_\_\_\_\_

2nd Holder \_\_\_\_\_

3rd Holder \_\_\_\_\_

 AS

Signature of Client / Authorised Signatories  
(Please sign in blue ink only)

Date 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Place \_\_\_\_\_



**In case of Non-Individuals, additional documents to be obtained from non-individuals, over & above the POI & POA, as mentioned below:**

| Types of entity  | Documentary Requirements  |
|--|---|
| <b>Corporate</b>   | <ul style="list-style-type: none"> <li>• Copy of the balance sheets for the last 2 financial years (to be submitted every year).</li> <li>• Copy of latest share holding pattern including list of all those holding control, either directly or indirectly, in the company in terms of SEBI takeover Regulations, duly certified by the company secretary/Whole time director/MD (to be submitted every year).</li> <li>• Photograph, POI, POA, PAN and DIN numbers of whole time directors/two directors in charge of day to day operations.</li> <li>• Photograph, POI, POA, PAN of individual promoters holding control - either directly or indirectly.</li> <li>• Copies of the Memorandum and Articles of Association and certificate of incorporation.</li> <li>• Copy of the Board Resolution for investment in securities market.</li> <li>• Authorised signatories list with specimen signatures.</li> </ul> |
| <b>Partnership firm</b>                                    | <ul style="list-style-type: none"> <li>• Copy of the balance sheets for the last 2 financial years (to be submitted every year).</li> <li>• Certificate of registration (for registered partnership firms only).</li> <li>• Copy of partnership deed.</li> <li>• Authorised signatories list with specimen signatures.</li> <li>• Photograph, POI, POA, PAN of Partners.</li> </ul>   |
| <b>Trust</b>   | <ul style="list-style-type: none"> <li>• Copy of the balance sheets for the last 2 financial years (to be submitted every year).</li> <li>• Certificate of registration (for registered trust only).</li> <li>• Copy of Trust deed.</li> <li>• List of trustees certified by managing trustees/CA.</li> <li>• Photograph, POI, POA, PAN of Trustees.</li> </ul>   |
| <b>HUF</b>   | <ul style="list-style-type: none"> <li>• PAN of HUF</li> <li>• Deed of declaration of HUF/ List of coparceners.</li> <li>• Bank pass-book/bank statement in the name of HUF.</li> <li>• Photograph, POI, POA, PAN of Karta.</li> </ul>  |
| <b>Unincorporated association or a body of individuals</b> | <ul style="list-style-type: none"> <li>• Proof of Existence/Constitution document.</li> <li>• Resolution of the managing body &amp; Power of Attorney granted to transact business on its behalf.</li> <li>• Authorized signatories list with specimen signatures.</li> </ul>   |
| <b>Army / Government Bodies</b>                            | <ul style="list-style-type: none"> <li>• Self-certification on letterhead.</li> <li>• Authorized signatories list with specimen signatures.</li> </ul>  |
| <b>Registered Society</b>                                  | <ul style="list-style-type: none"> <li>• Copy of Registration Certificate under Societies Registration Act.</li> <li>• List of Managing Committee members.</li> <li>• Committee resolution for persons authorised to act as authorised signatories with specimen signatures.</li> <li>• True copy of Society Rules and Bye Laws certified by the Chairman/Secretary.</li> </ul>   |

----- (Please Tear Here ) -----

**Application No.**

**Acknowledgment Receipt**

**Date :**

We hereby acknowledge the receipt of the Account Opening Application Form:

|                                 |  |
|---------------------------------|--|
| Name of the Sole / First Holder |  |
| Name of Second Holder           |  |
| Name of Third Holder            |  |

**Depository Participant Seal and Signature**



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Registered Office Address:

Spark Family Office and Investment Advisors (India) Private Limited

'Reflections' New No. 2 | Leith castle center street | Santhome high road | Chennai-600 028 |

CIN: – U67190TN1998PTC039818 | Board No: +91 44 4344 0000 | Fax No: +91 44 4344 0080 | web: [www.sparkadvisors.in](http://www.sparkadvisors.in)