

SFO

SPARK FAMILY OFFICE AND INVESTMENT ADVISORS (INDIA) PRIVATE LIMITED

Form No.	
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Client Name	
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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 Centre 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 or call on (022) 22723333.

	NSE	BSE
Email ID	ignse@nse.co.in	is@bseindia.com
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>)

ICONS FOR ILLUSTRATION



Signature of Client



Second Holder



Third Holder



Guardian



Witness



Authorised Signatory

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CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual

FIRST HOLDER

Important Instructions:

- A) Fields marked with '*' are mandatory fields.
B) Tick (✓) wherever applicable.
C) Please fill the form in English and in BLOCK Letters.
D) Please fill the dates in DD-MM-YYYY format.
E) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

- F) Please read section wise detailed guidelines / instructions at the end.
G) List if State / U.T. code as per Indian Motor Vehicle Act. 1988 is available at the end.
H) List of two character ISO 3166 country codes is available at the end.
I) KYC number of applicant is mandatory for update application.
J) The 'OTP based E-KYC' check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode.



For office use only (To be filled by financial institution)

Application Type* ☐ New ☐ Update

KYC Number (Mandatory for KYC update request)

Account Type* ☐ Normal ☐ Minor ☐ Aadhar OTP based E-KYC (in non-face to face mode)

UCC Code allotted to the Client:

DP Internal Reference No.

DP Name	NSDL/CDSL	Beneficiary Name	DP ID	BO ID
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

☐ **1. PERSONAL DETAILS* (Please refer instruction A 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"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	PAN No.* <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Form 60 furnished	
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Marital Status *	<input type="checkbox"/> Single	<input type="checkbox"/> Married	Current Nationality * <input type="checkbox"/> Indian <input type="checkbox"/> Other <input type="text"/>	
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin
Occupation Type*	<input type="checkbox"/> S-Service (<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector)	<input type="checkbox"/> O-Others (<input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Students)	<input type="checkbox"/> B-Business	<input type="checkbox"/> X- Not Categorised

☐ **2. PROOF OF IDENTITY AND ADDRESS* (Please refer instruction B 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 (any one 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 Aadhar

II ☐ G - KYC Authentication

III ☐ Other verification of Aadhar

PHOTO

Signature /
Thumb Impression

1

Signature of Client

Address

Line 1*

Line 2

Line 3

District*

Pin / Post Code*

State / U.T. Code*

City / Town / Village*

ISO 3166 Country Code*

7. ATTESTATION / FOR OFFICE USE ONLY

- Documents Received
- ☐ Certified Copies
- ☐ E-KYC code received from UIDAI
- ☐ Date received from Offline verification
- ☐ Digital KYC Process
- ☐ Equivalent e-document

INSTITUTION DETAILS

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

Code **I N 1 2 5 6**

(Institution Stamp)

☐ 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 Individual KYC Application Form

A Clarification / Guidelines on filling 'Personal Details' section

- Name:** The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- One the following is mandatory:** Mother's name, Spouse's name, Father's name.

B Clarification / Guidelines on filling 'Current Address Details' section

- In case of deemed PoA such as utility bill, the document need not be uploaded on CKYCR.
- PoA to be submitted only if the submitted Pol does not have current address or address as per Pol is invalid or not force.
- State / U.T. Code and Pin / Post Code will not be mandatory for Overseas addresses.
- In Section 2, one of I, II and III is to be selected, In case of online E-KYC authentication, II is to be selected.
- In Section 3, one of I, II, III and IV is to be selected. In case of online E-KYC authentication, II is to be selected.
- List of documents for 'Deemed Proof of Address'.

Document Code	Description
01	Utility bill which is not more than two months old or any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill).
02	Property or Municipal tax receipt.
03	Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.
04	Letter of allotment of accommodation from employer issued by State Government or Central Government Departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies and leave and licence agreements with employers allotting official accommodation.
- Regulated Entity (RE) shall redact (first 8 digits) or the Aadhaar number from Aadhaar related data and documents such as proof of possession of Aadhaar, while uploading on CKYCR.
- "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.
- 'Digital KYC process' has to be carried out as stipulated in the PML Rules, 2005.

C Clarification / Guidelines on filling 'Contact details' section

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

D Clarification / Guidelines on filling 'Related Person details' section

- Provided KYC number of related person, if available.

E Clarification on Minor

- Guardian details are optional for minors above 10 years of age for opening of bank account only.
- However, in case guardian details are available for minor above 10 years of age, the same (CKYCR number of guardian) is to be uploaded.

FATCA-CRS Annexure for Individual Accounts (including Sole Proprietor)

Details under FATCA and CRS (Please refer to instructions in small Booklet)

(Please consult your professional tax advisor for further guidance on your tax residency, if required)

Name of the accountholder: _____ PAN No: _____

Fathers Name: _____ Spouse's name _____

Aadhaar number (Optional) _____ Nationality _____

City of birth _____ Country of birth _____

Residence address for tax purposes (include City, State, Country & Pin code) _____

Address Type: _____

(a) Residential or Business (b) Residential (c) Business (d) Registered Office

(Note : Permissible documents are: Passport ,Election ID Card, PAN Card , ID Card , Driving License , UIDAI Card , NREGA Job Card and Others)

1. Tax residence declaration – tick any one, as applicable to you:

☐ I am a tax resident of India and not resident of any other country

Or

☐ I am 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 Number below:

Country [#]	Tax Identification Number [%]	Identification Type (TIN or Other%, please specify)

[#] To also include USA, where the individual is a citizen/ green card holder of USA

[%] In case Tax Identification Number is not available, kindly provide functional equivalent^s

Certification

I/We have understood the information requirements of this Form (read along with the FATCA/CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I/We also confirm that I/We have read and understood the FATCA CRS Terms and Conditions below and hereby accept the same.

Name: _____

Signature of Client



Date: ____/____/____

Place: _____

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual

SECOND HOLDER

Important Instructions:

- A) Fields marked with '*' are mandatory fields.
B) Tick (✓) wherever applicable.
C) Please fill the form in English and in BLOCK Letters.
D) Please fill the dates in DD-MM-YYYY format.
E) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

- F) Please read section wise detailed guidelines / instructions at the end.
G) List if State / U.T. code as per Indian Motor Vehicle Act. 1988 is available at the end.
H) List of two character ISO 3166 country codes is available at the end.
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For office use only (To be filled by financial institution)

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KYC Number (Mandatory for KYC update request)

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

☐ **1. PERSONAL DETAILS* (Please refer instruction A at the end)**

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Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Marital Status *	<input type="checkbox"/> Single	<input type="checkbox"/> Married	Current Nationality * <input type="checkbox"/> Indian <input type="checkbox"/> Other <input type="text"/>	
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☐ **2. PROOF OF IDENTITY AND ADDRESS* (Please refer instruction B 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 (any one 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 Aadhar

II ☐ G - KYC Authentication

III ☐ Other verification of Aadhar

PHOTO



Signature of Second Holder

Address

Line 1*

Line 2

Line 3

District* Pin / Post Code* State / U.T. Code* ISO 3166 Country Code*

7. ATTESTATION / FOR OFFICE USE ONLY

- Documents Received
- ☐ Certified Copies
- ☐ E-KYC code received from UIDAI
- ☐ Date received from Offline verification
- ☐ Digital KYC Process
- ☐ Equivalent e-document

INSTITUTION DETAILS

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

Code **I N 1 2 5 6**

(Institution Stamp)

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

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- In Section 3, one of I, II, III and IV is to be selected. In case of online E-KYC authentication, II is to be selected.
- List of documents for 'Deemed Proof of Address'.

Document Code	Description
01	Utility bill which is not more than two months old or any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill).
02	Property or Municipal tax receipt.
03	Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.
04	Letter of allotment of accommodation from employer issued by State Government or Central Government Departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies and leave and licence agreements with employers allotting official accommodation.
- Regulated Entity (RE) shall redact (first 8 digits) or the Aadhaar number from Aadhaar related data and documents such as proof of possession of Aadhaar, while uploading on CKYCR.
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Details under FATCA and CRS (Please refer to instructions in small Booklet)

(Please consult your professional tax advisor for further guidance on your tax residency, if required)

Name of the accountholder: _____ PAN No: _____

Fathers Name: _____ Spouse's name _____

Aadhaar number (Optional) _____ Nationality _____

City of birth _____ Country of birth _____

Residence address for tax purposes (include City, State, Country & Pin code) _____

Address Type: _____

(a) Residential or Business (b) Residential (c) Business (d) Registered Office

(Note : Permissible documents are: Passport ,Election ID Card, PAN Card , ID Card , Driving License , UIDAI Card , NREGA Job Card and Others)

1. Tax residence declaration – tick any one, as applicable to you:

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Or

☐ I am 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 Number below:

Country [#]	Tax Identification Number [%]	Identification Type (TIN or Other%, please specify)

[#] To also include USA, where the individual is a citizen/ green card holder of USA

[%] In case Tax Identification Number is not available, kindly provide functional equivalent^s

Certification

I/We have understood the information requirements of this Form (read along with the FATCA/CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I/We also confirm that I/We have read and understood the FATCA CRS Terms and Conditions below and hereby accept the same.

Name: _____

Signature of Second Holder



Date: ____/____/____

Place: _____

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual

THIRD HOLDER

Important Instructions:

- A) Fields marked with '*' are mandatory fields.
B) Tick (✓) wherever applicable.
C) Please fill the form in English and in BLOCK Letters.
D) Please fill the dates in DD-MM-YYYY format.
E) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

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For office use only (To be filled by financial institution)

Application Type* ☐ New ☐ Update

KYC Number (Mandatory for KYC update request)

Account Type* ☐ Normal ☐ Minor ☐ Aadhar OTP based E-KYC (in non-face to face mode)

UCC Code allotted to the Client:

DP Internal Reference No.

DP Name	NSDL/CDSL	Beneficiary Name	DP ID	BO ID
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

☐ **1. PERSONAL DETAILS* (Please refer instruction A 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"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	PAN No.* <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Form 60 furnished	
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Marital Status *	<input type="checkbox"/> Single	<input type="checkbox"/> Married	Current Nationality * <input type="checkbox"/> Indian <input type="checkbox"/> Other <input type="text"/>	
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin
Occupation Type*	<input type="checkbox"/> S-Service (<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector)	<input type="checkbox"/> O-Others (<input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Students)	<input type="checkbox"/> B-Business	<input type="checkbox"/> X- Not Categorised

☐ **2. PROOF OF IDENTITY AND ADDRESS* (Please refer instruction B 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 (any one 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 Aadhar

II ☐ G - KYC Authentication

III ☐ Other verification of Aadhar

PHOTO



Signature of Third Holder

Address

Line 1*

Line 2

Line 3

District* Pin / Post Code* State / U.T. Code* ISO 3166 Country Code*

☐ 7. ATTESTATION / FOR OFFICE USE ONLY

- Documents Received
- ☐ Certified Copies
- ☐ E-KYC code received from UIDAI
- ☐ Date received from Offline verification
- ☐ Digital KYC Process
- ☐ Equivalent e-document

INSTITUTION DETAILS

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

Code **I N 1 2 5 6**

(Institution Stamp)

☐ 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 Individual KYC Application Form

A Clarification / Guidelines on filling 'Personal Details' section

- Name:** The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- One the following is mandatory:** Mother's name, Spouse's name, Father's name.

B Clarification / Guidelines on filling 'Current Address Details' section

- In case of deemed PoA such as utility bill, the document need not be uploaded on CKYCR.
- PoA to be submitted only if the submitted Pol does not have current address or address as per Pol is invalid or not force.
- State / U.T. Code and Pin / Post Code will not be mandatory for Overseas addresses.
- In Section 2, one of I, II and III is to be selected, In case of online E-KYC authentication, II is to be selected.
- In Section 3, one of I, II, III and IV is to be selected. In case of online E-KYC authentication, II is to be selected.
- List of documents for 'Deemed Proof of Address'.

Document Code	Description
01	Utility bill which is not more than two months old or any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill).
02	Property or Municipal tax receipt.
03	Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.
04	Letter of allotment of accommodation from employer issued by State Government or Central Government Departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies and leave and licence agreements with employers allotting official accommodation.
- Regulated Entity (RE) shall redact (first 8 digits) or the Aadhaar number from Aadhaar related data and documents such as proof of possession of Aadhaar, while uploading on CKYCR.
- "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.
- 'Digital KYC process' has to be carried out as stipulated in the PML Rules, 2005.

C Clarification / Guidelines on filling 'Contact details' section

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

D Clarification / Guidelines on filling 'Related Person details' section

- Provided KYC number of related person, if available.

E Clarification on Minor

- Guardian details are optional for minors above 10 years of age for opening of bank account only.
- However, in case guardian details are available for minor above 10 years of age, the same (CKYCR number of guardian) is to be uploaded.

FATCA-CRS Annexure for Individual Accounts (including Sole Proprietor)

Details under FATCA and CRS (Please refer to instructions in small Booklet)

(Please consult your professional tax advisor for further guidance on your tax residency, if required)

Name of the accountholder: _____ PAN No: _____

Fathers Name: _____ Spouse's name _____

Aadhaar number (Optional) _____ Nationality _____

City of birth _____ Country of birth _____

Residence address for tax purposes (include City, State, Country & Pin code) _____

Address Type: _____

(a) Residential or Business (b) Residential (c) Business (d) Registered Office

(Note : Permissible documents are: Passport ,Election ID Card, PAN Card , ID Card , Driving License , UIDAI Card , NREGA Job Card and Others)

1. Tax residence declaration – tick any one, as applicable to you:

☐ I am a tax resident of India and not resident of any other country

Or

☐ I am 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 Number below:

Country [#]	Tax Identification Number [%]	Identification Type (TIN or Other%, please specify)

[#] To also include USA, where the individual is a citizen/ green card holder of USA

[%] In case Tax Identification Number is not available, kindly provide functional equivalent^s

Certification

I/We have understood the information requirements of this Form (read along with the FATCA/CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I/We also confirm that I/We have read and understood the FATCA CRS Terms and Conditions below and hereby accept the same.

Name: _____

Signature of Third Holder



Date: ____/____/____

Place: _____

Type of Account - Sub Status

☐ Individual Resident ☐ Individual-Director ☐ Individual Director's Relative ☐ Individual HUF / AOP ☐ Individual Promoter ☐ Minor
☐ Individual Margin Trading A/C (MANTRA) ☐ Others (specify) _____

Education Qualification : ☐ Under Graduate ☐ Graduate ☐ Post Graduate ☐ Professional

Type of Account - Sub Status (NRI)

☐ NRI Repatriable ☐ NRI Repatriable Promoter ☐ NRI Non – Repatriable ☐ NRI – Depository Receipts ☐ Others (specify) _____

Other Details

<p>Gross annual income range p.a.* OR Net-worth in Rs (Net worth should not be older than 1 year)</p>	<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 <input type="checkbox"/> Rs. 25 Lac -1 Crore <input type="checkbox"/> 1 Crore-5 Crore <input type="checkbox"/> < 5 Crore</p>
	as on <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/> <input type="text" value="YY"/>
Occupation	<p><input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <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) <input type="checkbox"/> Not Politically Exposed Person (PEP) <input type="checkbox"/> Not Related to a Politically Exposed Person (RPEP) <input type="checkbox"/> None</p>
Any other information	_____

- I 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" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Depository Participant Name _____
Beneficiary Name _____		Beneficiary ID (BO ID) <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>

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 (incase 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 tick (✓) 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 : 

For New Demat Account With Spark Capital Advisors (India) Private Limited

I request you to open a Demat Account in my name as per following details :

Sole / First Holders Name : _____

Pan No. : _____

UID No. : _____

Details of Guardian (In case the account holder is minor)

Guardians Name	
Relationship with Applicant	
PAN	

Bank Account(s) Details

Account Type	<input type="checkbox"/> Saving	<input type="checkbox"/> Current	<input type="checkbox"/> NRE / NRO
Bank Name (throuh which transactions will be routed)	_____		
Bank Account No.	_____		
Branch Address	_____		
		Pin	_____
IFSC Code:	MICR No.:	NEFT Code:	

Bank Account(s) Details

Optional

Account Type	<input type="checkbox"/> Saving	<input type="checkbox"/> Current	<input type="checkbox"/> NRE / NRO
Bank Name (throuh which transactions will be routed)	_____		
Bank Account No.	_____		
Branch Address	_____		
		Pin	_____
IFSC Code:	MICR No.:	NEFT Code:	

Standing Instructions

SCA

I/We instruct the DP to receive each and every credit in my / our account (If not marked, the default option would be 'Yes')	(Automatic Credit) <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 (Tick the applicable box. If not marked the default option would be in 'Physical')	<input type="checkbox"/> Physical <input type="checkbox"/> Electronic <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 in to my bank account as given in SARAL AOF 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 _____
Whether DP a/c is to be opened with the same intermediary <input type="checkbox"/> Yes <input type="checkbox"/> No	

SMS Alert & Trust Facility

SMS Alert Facility Refer to Terms & Conditions given as annexure - 2.4	MOBILE NO. +91 _____ (Mandatory, if you are giving Power of Attorney (POA) (if POA is not granted & you do not wish to avail of this facility, cancel this option.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transactions Using Secured Texting Facility (TRUST). 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 I/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST Stock Exchange Name/ID _____ Clearing Member Name _____ Clearing Member ID (Optional) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Easi	To register for Easi, please visit our website www.cdslindia.com Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online	<input type="checkbox"/> Yes <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)
☐ 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) with for executing delivery instructions for setting stock exchange trades [settlement related transactions] effected through Spark Capital Advisors (India) Private Limited ('SCA').

☐ 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.

This space is intentionally kept blank

Financial Status and Other Details under PMLA

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

Gross Annual Income Details (for previous 3 yrs)	Year 1	<input type="checkbox"/> Below Rs. 1 <input type="checkbox"/> Lac Rs. 1-5 Lac <input type="checkbox"/> Rs. 5-10 Lac <input type="checkbox"/> Rs. 10-25 Lac <input type="checkbox"/> Rs. 25 Lac -1 Crore <input type="checkbox"/> 1 Crore-5 Crore <input type="checkbox"/> < 5 Crore
	Year 2	<input type="checkbox"/> Below Rs. 1 <input type="checkbox"/> Lac Rs. 1-5 Lac <input type="checkbox"/> Rs. 5-10 Lac <input type="checkbox"/> Rs. 10-25 Lac <input type="checkbox"/> Rs. 25 Lac -1 Crore <input type="checkbox"/> 1 Crore-5 Crore <input type="checkbox"/> < 5 Crore
	Year 3	<input type="checkbox"/> Below Rs. 1 <input type="checkbox"/> Lac Rs. 1-5 Lac <input type="checkbox"/> Rs. 5-10 Lac <input type="checkbox"/> Rs. 10-25 Lac <input type="checkbox"/> Rs. 25 Lac -1 Crore <input type="checkbox"/> 1 Crore-5 Crore <input type="checkbox"/> < 5 Crore
Networth Details (as on account opening date)		<input type="checkbox"/> Below Rs. 1 <input type="checkbox"/> Lac Rs. 1-5 Lac <input type="checkbox"/> Rs. 5-10 Lac <input type="checkbox"/> Rs. 10-25 Lac <input type="checkbox"/> Rs. 25 Lac -1 Crore <input type="checkbox"/> 1 Crore-5 Crore <input type="checkbox"/> < 5 Crore

Please tick mark the additional applicable category to you

- ☐ Non resident client
- ☐ High net-worth client (having annual income + networth of more than INR 5 crore)
- ☐ 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

Self Declaration of Income and Network

I, _____ having PAN no. _____ resident of _____
 _____ (full address) do hereby solemnly affirm and declare as under :-

- a) My annual income is Rs. _____ (Source of Income _____)
- b) My DP holding as on date is attached herewith. The total valuation as on _____ is Rs. _____
- c) My Networth as on _____ is Rs. _____

We hereby further confirm/undertake that the investments/trading done in securities market are from our own/borrowed sources of funds and we confirm that the funds utilized for trading activity by us is in compliance with the rules, regulations and guidelines stipulated under PMLA.

I certify that the above information given by me is true.




Client Name _____



(Signature of Client)

Nomination Form
[Annexure A to SEBI circular No. SEBI/HO/MIRSD/RTAMB/CIR/P/2021/601 dated July 23, 2021
on Mandatory Nomination for Eligible Trading and Demat Accounts]

Spark Family Office and Investment Advisors (India) Private Limited Spark Capital Advisors (India) Private Limited "Reflections", New No. 2, Leith Castle Centre Street, Santhome High Road, Chennai 600028.										FORM FOR NOMINATION (To be filled in by individual applying singly or jointly)												
Date					UCC/ DP ID					Client ID												
I/We wish to make a nomination. [As per details given below]																						
Nomination Details																						
I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death.																						
Nomination can be made upto three nominees in the account.										Details of 1st Nominee					Details of 2nd Nominee			Details of 3rd Nominee				
1	Name of the nominee(s) (Mr./Ms.)									%					%			%				
2	Share of each Nominee		Equally [If not equally, please specify percentage]																			
										Any odd lot after division shall be transferred to the first nominee mentioned in the form.												
3	Relationship With the Applicant (If Any)																					
4	Address of Nominee(s) City / Place: State & Country:																					
										PIN Code												
5	Mobile / Telephone No. of nominee(s)																					
6	Email ID of nominee(s)																					
7	Nominee Identification details – [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID																					
Sr. Nos. 8-14 should be filled only if nominee(s) is a minor:																						
8	Date of Birth {in case of minor nominee(s)}																					
9	Name of Guardian (Mr./Ms.) {in case of minor nominee(s)}																					
10	Address of Guardian(s) City / Place: State & Country:																					
										PIN Code												
11	Mobile / Telephone no. of Guardian																					
12	Email ID of Guardian																					
13	Relationship of Guardian with nominee																					
14	Nominee Identification details – [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID																					

Name(s) of holder(s)		Signature(s) of holder*
Sole / First Holder (Mr./Ms.)		
Second Holder (Mr./Ms.)		
Third Holder (Mr./Ms.)		

NAME, ADDRESS AND SIGNATURE OF WITNESS

(Only applicable in case the account holder has made nomination)

1) _____

2) _____

SIGNATURE WITH DATE (1)  _____

SIGNATURE WITH DATE (2)  _____

* Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature

Note:

This nomination shall supersede any prior nomination made by the account holder(s), if any.

The Trading Member / Depository Participant shall provide acknowledgement of the nomination form to the account holder(s)

Declaration Form for opting out of nomination

[Annexure B to SEBI circular No. SEBI/HO/MIRSD/RTAMB/CIR/P/2021/601 dated July 23, 2021

on Mandatory Nomination for Eligible Trading and Demat Accounts]

To	Date	D	D	M	M	Y	Y	Y	Y
Trading Member/Participant's Name									
Trading Member/Participant's Address									
UCC/DP ID	I	N							
Client ID (only for Demat account)									
Sole/First Holder Name									
Second Holder Name									
Third Holder Name									

I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our trading / demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our trading / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the trading / demat account.



(Signature of First Holder)



(Signature of Second Holder)




(Signature of Third Holder)

NAME, ADDRESS AND SIGNATURE OF WITNESS

(Only applicable in case the account holder has made nomination)

1) _____

2) _____

SIGNATURE WITH DATE (1)  _____

SIGNATURE WITH DATE (2)  _____

* Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature

Client Declaration

1. I hereby declare that the details furnished above are true and correct to the best of my 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 aware that I/we may be held liable for it.
2. I confirm having read/been explained and understood the contents of the tariff sheet and all voluntary/non mandatory documents.
3. I further confirm having read and understood the contents of the Rights and Obligations document(s), Risk Disclosure Document and Do's and Don't's. I do hereby agree to be bound by such provisions as outlined in these documents. I have also been informed that the standard set of documents has been displayed for Information on Member's designated website, if any.
4. I am hereby submitting self-certified Aadhar copy with my due consent for opening the above said account associated to my investment with SFO.

Place _____

Date

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

Signature of Client



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 Don't'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

This space is intentionally kept blank

Declaration for Opening Trading and Depository Account Alongwith Acceptance of KYC Document Booklet.

By signing this document you confirm that you have read and understood the T&C, Rights and Obligations, Risk Disclosure, Policy and General Information mentioned in the additional booklet. You also confirm that all information furnished by you in this form is true.

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.

Client Name : _____

Date : — —

8

Signature of Client

Spark Capital Advisors (India) Private Limited
DP ID – 12090100

DEPOSITORY CHARGES - SCHEDULE 'A'

Particulars	<input type="checkbox"/> Star Scheme (POA)	<input type="checkbox"/> Regular Scheme (POA)	<input type="checkbox"/> Regular Scheme (Non POA)
1. Maintenance Charges	Rs. 2000/- one time No annual maintenance charges. Additional Rs. 500 will be charged annually for Corporate accounts (Refer note below).	Rs.500/p.a. as Annual maintenance charges for Individual(s). Additional Rs. 500 will be charged annually for Corporate accounts (Refer note below).	Rs.500/p.a. as Annual maintenance charges for Individual(s). Additional Rs. 500 will be charged annually for Corporate accounts (Refer note below).
2. Market/Off Market Transfers/Inter Depository			
a) Purchase (Credit in)	Nil	Nil	Nil
b) Market Sell Within Spark	Rs.10/- per transaction	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
c) Off Market Transaction	Rs.10/- per transaction	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
d) Sell (Debit from) target other than 2 b) and c above	Rs.40/- per transaction	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
e) Mutual fund transactions on debit side	Rs.40/- per transaction	Rs.7/- per transaction	Rs.7/- per transaction
3. Pledge / Hypothecation			
a) Creation / Acceptance / Closure	Rs.30/- per transaction	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) Invocation	Rs.25/- per transaction	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
4. Demat Charges	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
5. Remat Charges	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
6. Account Closing	Nil	Nil	Nil

Terms & Conditions:

- â Spark Capital Advisors (India) Private Limited reserves its right to revise its Charges / Billing structure at its absolute discretion, by giving one month's notice to clients.
- â Cheques /Pay orders/ D.D., should be drawn in favor of Spark Capital Advisor (India) Private Limited. All the other charges will be collected over-the- counter and receipts of the same should be collected immediately.
- â Statement of Transaction(s) will be sent to you by courier / post / electronically as per guidelines issued by the Central Depository Services (India) Limited / Securities Exchange Board of India, from time to time.
- â All the above-mentioned charges are exclusive of GST. Additional GST will be applicable as per the prevailing rates



(Signature of First Holder)



(Signature of Second Holder)



(Signature of Third Holder)

Know Your Tariff Plan - Equity / Derivatives Trading

Standard Brokerage Plan:

Plan	Delivery Rate	Futures* and Intraday Cash	Options Premium Rate
Silver	0.50%	0.05%**	2.50% or Rs. 300/- 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.

Terms & Conditions for SCA DP Charges :

- Spark Capital Advisors (India) Private Limited reserves its right to revise its Charges/Billing structure at its absolute discretion, by giving one month's notice to clients.
- Cheques /Pay orders/ D.D., should be drawn in favor of Spark Capital Advisor (India) Pvt. Ltd. All the other charges will be collected over-the-counter and receipts of the same should be collected immediately.
- Statement of Transaction will be sent to you by courier/post/electronically as per guidelines issued by CDSL / SEBI from time to time.
- Goods & Service Tax will be applicable on the above charges and is subject to change.
- Please note that, in terms of SEBI Circular No. CIR/MRD/DP/20/2010 dated July 1, 2010, in the event of closing of your demat account or shifting of the demat account from us to another DP we shall refund you the Account Maintenance Charges for the unrealized quarter/balance of quarters.
- Additional Annual Maintenance charge of Rs. 500 will be charged for all types of corporate accounts as per CDSL guidelines. This will be charged on pro-rata basis. Type of accounts under this category will be – Body Corporate / FI / FII / Mutual Fund / Trust / Bank / QFI. Inclusion or exclusion in these client types will be subject to change as per guidelines received from CDSL.
- Incidental charges - tele / fax / courier / etc., if any, will be charged at actual for Demat Rejection.
- Periodic Transaction / Holding Statements will be sent on Correspondence address. While any Non-periodic Statements asked for, will be charged Rs. 5/- per page.
- The Client authorizes Spark Family Office and Investment Advisors (India) Private Limited (SFO), to recover the DP charges on various transactions from time to time from the regular shares dealing / deposit account / any other account with Spark Capital Advisors (India) Private Limited

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(Signature of First Holder)

 S

(Signature of Second Holder)

 T

(Signature of Third Holder)

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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(Signature of First Holder)

S

(Signature of Second Holder)

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(Signature of Third Holder)

- (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
2. Settlement of trades
3. Meeting margin requirements

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(Signature of First Holder)

S

(Signature of Second Holder)

T

(Signature of Third Holder)

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	Spark Capital Advisors (India) Private Limited
DP ID CDSL	12090100 <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 Holder		
Second Holder		
Third Holder		
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 : _____

Request for SMS and E-mail Alerts from Stock Exchange/s & Stock Brokers

(Reference to SEBI circular Ref. No. CIR/MIRSD/15/2011 dated August 02, 2011)

To,

Spark Family Office and Investment Advisors (India) Private Limited

"Reflections", New No. 2, Leith Castle Centre Street,
Santhome High Road, Chennai 600028.

This document and the details that you furnish will allow us and the exchanges to send you all relevant information of your account and transactions by SMS and e-mail.

Dear Sir,

Sub: SMS and E-mail alerts from Stock Exchange/s & Stock Brokers, Depository Participant for my Trading Account No. _____ and Demat account _____ with you

I/We request you to activate the facility of SMS and Email alerts from Stock Exchanges/Stock Brokers for transactions in the above mentioned trading account.

☐ YES I/We wish to receive alerts by SMS/EMAIL

☐ By SMS ☐ By EMAIL ☐ By SMS & EMAIL*

* If opted for both SMS and Email facility, it is mandatory to give both the Mobile number and Email ID.

If you wish to receive alerts by SMS/E-mail, the following options are available (Tick any one and give the details accordingly)

- ☐ A) I/We wish to receive alerts from the Stock Exchanges/Stock Brokers. Kindly note that if the mobile no/email ID mentioned here is different from the one provided in my KYC, then this mobile no/Email ID shall prevail and I/We give my consent to details being send to this mobile number/email ID. Kindly update your records accordingly.

- My Mobile no. _____ is registered in the name of _____

- My Email Id is _____

(Please write only ONE valid email ID on which communication, if any, is to be sent)

- ☐ B) I/We desire to give mobile number/email id of family member. I/We give my consent to make available my/our trade information to my Family Member and the mobile number/email Id of my family member is as under. ('Family' would mean self, spouse, dependent children and dependent parents. Provided such Family Member is also a client of the said broker)

Name of Family Member	Relationship with client	Type of service (SMS/Email/Both SMS & Email)*	Mobile No. of Family Member	Email ID of Family Member	Client Code

Client Name _____

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Signature of Client

Trading Authorization Form – Voluntary

Date:

Spark Family Office and Investment Advisors (India) Private Limited

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

Sub: Trading Authorization Form

Ref: Trading Account: _____

1. This is reference to my aforementioned Trading Account with Spark Family Office and Investment Advisors (India) Pvt Ltd (hereinafter called SFO) opened by executing various KYC documents to trade on various exchanges
2. Due to nature of my work and my other pre-occupations, I am unable to personally trade / invest / give orders/ convey investment decisions effected through the aforementioned trading account.
3. Mr./Ms. _____ (Family Representative – FR) S/o, D/o, W/o. Mr./Ms. _____
Email Id of FR _____ aged about _____ years, residing at _____
_____ is my _____ (relationship) who has good knowledge of securities market and has got prior experience with respect to investment in securities market and I have full faith and confidence in him. As such I hereby appoint and authorize Mr./Ms. _____ as my FR in relation to taking investments decisions, investing / trading in securities through the trading account being opened by me with SFO.
4. Any instructions given to or received from Mr. / Ms. _____ (Name of the person to be Authorized) in connection with the said trading account will be treated as instructions given to or received from me.
5. I, further, hereby undertake to honour all obligations arising out of the orders placed by Mr. / Ms. _____ (Name of the person to be Authorized) by virtue of this authority letter and I indemnify and shall keep Spark Family Office and Investment Advisors (India) Pvt Ltd. indemnified from any and all losses arising out of such orders.

PLEASE READ CAREFULLY

NOW THROUGH THIS AUTHORIZATION LETTER I do hereby nominate, appoint and constitute Mr. /Mrs. _____ as my true and lawful FR to do the following acts, deeds and things on my behalf:

1. To buy, sell or in any manner trade in or deal with (including but not limited to setting off, alteration or closing out of transactions and freezing of the account) securities (as defined in Section 2h of the Securities Contracts Regulation Act, 1956 which includes equity, derivatives) on the NSE, BSE and / or any other stock exchange(s) my FR thinks fit through my aforementioned trading account.
2. To the extent permitted by SFO, place orders with SFO for the aforesaid purposes and to the extent permitted by SFO to cancel revoke or alter such orders, to acknowledge contract notes and any other documents as may be required by SFO.
3. To receive and give / effect trade confirmations, SMS confirmations, email confirmations, letters / notices payment/receipt instruction and any other communications including margin shortfall and squaring up of open position due to margin shortfall from and to SFO (in addition to the documents / confirmations received and executed / effected by me) and to sign all documents in relation to investing / trading in securities.
4. I assume full and complete responsibility for all the investment decision (s) / transaction (s) effected by the FR and that I am not entitled to hold SFO, its officers, directors, employees, agents and affiliates for any loss / liability arising out of the investment decision (s) and / or transaction (s) effected by the FR on my behalf. I confirm that I will receive all trade details / obligation details etc. pertaining to my trading account, from my FR as and when trades / transactions were affected in my account and undertake to confirm trades / statement of accounts as and when called upon to do so.
5. I hereby agree that I shall not alter or revoke this Trading Authorization without 30 days prior written notice to my FR as well as to SFO and that the revocation or alteration shall not affect acts deeds or things done by my FR in relation to SFO or in relation to the securities transactions prior to such revocation or alteration being communicated to SFO.


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Signature of Client

AND I hereby agree to ratify and confirm all and whatsoever my FR shall lawfully do purport to do or cause to be done by virtue of this Letter of Authorization.

Important Information

'Family Representative' would mean self, spouse, dependent children and dependent parents.

I agree and confirm	I accept, agree & confirm
Signature of Client 	Signature of FR
Mobile number of Client	Mobile number of FR
Landline number of Client	Landline number of FR
E-mail ID of Client	E-mail ID of FR

'Family Representative' would mean self, spouse, dependent children and dependent parents.

Name of Branch Manager/Authorised Person _____

Signature of Branch Manager/Authorised Person _____

Passport photograph of
FR to be affixed with
sign across the
photograph

Note : Family Representative PAN Proof required with signature & Branch/AP's IPV

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 Bombay Stock Exchange Ltd. (Exchange) 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 provide 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 _____



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

Date

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

Place _____

----- (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



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.sparkcapital.in

FIRST HOLDER			
No of Signature	Page Number	Particular	Type
1	Page no 1	Photo across signature	Mandatory
2	Page no 2	KYC declaration	Mandatory
3	Page no 4	FATCA	Mandatory
4	Page no 17	PMLA details	Mandatory
5	Page no 19	Nominee declaration	Mandatory (Any One)
6	Page no 19	Opting out of Nominee	Mandatory (Any One)
7	Page no 20	Client declaration	Mandatory
8	Page no 21	Declaration for Trading and DP	Mandatory
9	Page no 22	Depository Charges	Mandatory
10	Page no 23	Brokerage	Mandatory
11	Page no 24	POA - 1	Mandatory
12	Page no 25	POA - 2	Mandatory
13	Page no 26	POA - Schedule	Mandatory
14	Page no 29	SMS and Email Alert	Mandatory
15	Page no 30	Trading Authorization - 1	Optional
16	Page no 31	Trading Authorization - 2	Optional
17	Page no 34	MF trading against Collateral	Optional
SECOND HOLDER			
1	Page no 5	Photo across signature	Mandatory
2	Page no 6	KYC declaration	Mandatory
3	Page no 8	FATCA	Mandatory
4	Page no 19	Nominee declaration	Mandatory (Any One)
5	Page no 19	Opting out of Nominee	Mandatory (Any One)
6	Page no 22	Depository Charges	Mandatory
7	Page no 23	DP Terms & Conditions	Mandatory
8	Page no 24	POA - 1	Mandatory
9	Page no 25	POA - 2	Mandatory
10	Page no 26	POA - Schedule	Mandatory
THIRD HOLDER			
1	Page no 9	Photo across signature	Mandatory
2	Page no 10	KYC declaration	Mandatory
3	Page no 12	FATCA	Mandatory
4	Page no 19	Nominee declaration	Mandatory (Any One)
5	Page no 19	Opting out of Nominee	Mandatory (Any One)
6	Page no 22	Depository Charges	Mandatory
7	Page no 23	DP Terms & Conditions	Mandatory
8	Page no 24	POA - 1	Mandatory
9	Page no 25	POA - 2	Mandatory
10	Page no 26	POA - Schedule	Mandatory