



Finseed Pvt. Ltd.

Order-Execution service only

ACCOUNT OPENING FORM

Finseed Account No.

1. ACCOUNT TYPE

- | | | | |
|---------------------------------|------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Short Acc | <input type="checkbox"/> Options | <input type="checkbox"/> Finseed Stock Savings Account |
| <input type="checkbox"/> Margin | <input type="checkbox"/> C.O.D | <input type="checkbox"/> Plan Account | <input type="checkbox"/> TFSA |

2. REGISTRATION OF ACCOUNT

- | | | | |
|-----------------------------------|--------------------------------|--|---|
| <input type="checkbox"/> Personal | <input type="checkbox"/> Joint | <input type="checkbox"/> Investment Club | <input type="checkbox"/> Securities industry professional |
| <input type="checkbox"/> Estate | <input type="checkbox"/> Other | <input type="checkbox"/> Corporate | |

3. ACCOUNT HOLDER INFORMATION

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	First Name	Last Name	
Address			Pin Code
Country	Email	No of Dependent Children	
Telephone	Telephone (Office)	Cellular/Fax/Other	
Citizenship	PAN Number	Date of Birth (DD/MM/YY)	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorce <input type="checkbox"/> Common-Law			
Employer	Occupation	Annual Income	

GENERAL QUESTIONNAIRE

Do you have any investment experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	No of Years	No of Trades	Portfolio value
Do you have a brokerage account with other institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of the firm		
Does anyone have power of attorney over this account? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of the person, attach the ID		
Does someone else have a financial interest in this account? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of the person		
Do you have a participation of 10% or more in a public company? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of the company		