



Account Opening Form (Joint Account)

The information requested below will ensure that Spread Co Limited complies with the FSA rules in connection with the opening of your account with Spread Co. Please ensure that you have read Spread Co's Terms of Business (including the Risk Warning) and Execution Policy, copies of which you should have received from Spread Co, before completing this form. If you require additional copies of these documents, please contact a sales representative or visit the Anand Rathi website at <http://premiumsecurity.anandrathi.com>. If you wish to permit another person to submit instructions to Spread Co on your behalf, or you are an individual or corporate entity, please contact a sales representative who will provide you with the appropriate forms.

BEFORE PERMITTING YOU TO OPEN AN ACCOUNT AND TO BEGIN TRADING, SPREAD CO MUST BE SATISFIED THAT CONDUCTING BUSINESS WITH YOU IS APPROPRIATE FOR YOU. THIS ASSESSMENT WILL BE MADE ON THE BASIS OF THE INFORMATION THAT YOU PROVIDE TO SPREAD CO IN THIS FORM. YOU ARE UNDER NO OBLIGATION TO ANSWER ALL OR ANY OF THE QUESTIONS,

Please complete this form in **BLOCK CAPITALS** and **black ink**

Personal Information

Client 1

Title: Mr: Mrs: Ms: Dr:

First Name:

Middle Name:

Last Name:

Mother's Maiden Name:

Date of Birth: DD / MM / YY YY

Passport / PAN No.

Nationality:

Client 2

Title: Mr: Mrs: Ms: Dr:

First Name:

Middle Name:

Last Name:

Mother's Maiden Name:

Date of Birth: DD / MM / YY YY

Passport / PAN No.

Nationality:

Contact Details

Client 1

Address:

Town / City:

Country:

PIN:

Mobile Phone:

Home Phone:

Email Address:

Client 2

Address:

Town / City:

Country:

PIN:

Mobile Phone:

Home Phone:

Email Address:

Employment Details

(We shall not contact your employer for references. If self employed please provide details.)

Client 1

Current Employer: (State "self employed" if self employed)

Address:

Town / City:

Country:

Post Code:

Employer's principal type of business:

Time with this employer: YY / MM

Position Held:

Does your employment require knowledge of investments?:

Current Position: Yes: No: Previous Position: Yes: No:

If yes, please provide details:.....

Client 2

Current Employer: (State "self employed" if self employed)

Address:

Town / City:

Country:

Post Code:

Employer's principal type of business:

Time with this employer: YY / MM

Position Held:

Does your employment require knowledge of investments?:

Current Position: Yes: No: Previous Position: Yes: No:

If yes, please provide details:.....

Account Type

(If any of the options below are not chosen, USD base currency will be selected as your default account)

Currency of Account (choose one only):

USD:

EUR:

GBP:

Nominated Bank Account Details

(Please provide details of your bank account to which trading funds will be paid.)

Account Name:

Account No: Account Type: Savings: Current:

SWIFT Code / Sort Code:

Name of Bank:

Branch Address:

Town/City: PIN:

State: Country:

Joint Financial Information

(This information is necessary to assist Spread Co in assessing your appropriateness for trading. These values will not have the effect of limiting your potential losses to the amounts indicated.)

Joint Annual Income Range	Tick Box	Joint Approximate Net Worth	Tick Box
< Rs 1 lac	<input type="checkbox"/>	< Rs 10 lac	<input type="checkbox"/>
Rs 1 to 5 lac	<input type="checkbox"/>	Rs 10 - 15 lac	<input type="checkbox"/>
Rs 5 to 10 lac	<input type="checkbox"/>	Rs 15 - 50 lac	<input type="checkbox"/>
Rs 10 - 25 lac	<input type="checkbox"/>	> Rs 50 lac	<input type="checkbox"/>
> Rs 25 lac	<input type="checkbox"/>		

Approximate Value of Joint Investment Portfolio:

Rs

Speculation: Hedging:

Trading Knowledge

1. Do you understand the nature and risks of derivatives?

Client 1

Yes: No:

Client 2

Yes: No:

2. Have you traded in derivatives in the last year?

Yes: No:

Yes: No:

3. Have you read and understood the information on Anand Rathi's website about the risks involved in trading Premium Securities?

Yes: No:

Yes: No:

4. Have you attended a lecture or course on derivatives trading in the past 12 months?

Yes: No:

Yes: No:

5. Do you have a professional qualification which you consider assists your comprehension of Premium Securities?

Yes: No:

Yes: No:

Previous Trading Experience (Please tick the box(es) that most closely represent your current trading experience)

Client 1

Product	Trading Experience Within the Last Five Years			Average No. of Trades per Month		Average Trade Size	
	0 - 6 Months	6 - 12 Months	12 Months or more	0 - 3	4 or more		
Spot Foreign Exchange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	US\$10,000 to US\$100,000: <input type="checkbox"/>	US\$100,000 and above: <input type="checkbox"/>
Other OTC Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rs 5,000 to Rs 500,000: <input type="checkbox"/>	Above Rs 500,000: <input type="checkbox"/>
Futures (including Single-Stock Futures)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rs 5,000 to Rs 250,000: <input type="checkbox"/>	Above Rs 250,000: <input type="checkbox"/>
Commodities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rs 5,000 to Rs 250,000: <input type="checkbox"/>	Above Rs 250,000: <input type="checkbox"/>
Bullion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rs 5,000 to Rs 250,000: <input type="checkbox"/>	Above Rs 250,000: <input type="checkbox"/>
Margin Share Trading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rs 5,000 to Rs 250,000: <input type="checkbox"/>	Above Rs 250,000: <input type="checkbox"/>
Share Trading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rs 5,000 to Rs 50,000: <input type="checkbox"/>	Above Rs 50,000: <input type="checkbox"/>
Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rs 5,000 to Rs 500,000: <input type="checkbox"/>	Above Rs 500,000: <input type="checkbox"/>

Client 2

Product	Trading Experience Within the Last Five Years			Average No. of Trades per Month		Average Trade Size	
	0 - 6 Months	6 - 12 Months	12 Months or more	0 - 3	4 or more		
Spot Foreign Exchange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	US\$10,000 to US\$100,000: <input type="checkbox"/>	US\$100,000 and above: <input type="checkbox"/>
Other OTC Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rs 5,000 to Rs 500,000: <input type="checkbox"/>	Above Rs 500,000: <input type="checkbox"/>
Futures (including Single-Stock Futures)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rs 5,000 to Rs 250,000: <input type="checkbox"/>	Above Rs 250,000: <input type="checkbox"/>
Commodities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rs 5,000 to Rs 250,000: <input type="checkbox"/>	Above Rs 250,000: <input type="checkbox"/>
Bullion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rs 5,000 to Rs 250,000: <input type="checkbox"/>	Above Rs 250,000: <input type="checkbox"/>
Margin Share Trading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rs 5,000 to Rs 250,000: <input type="checkbox"/>	Above Rs 250,000: <input type="checkbox"/>
Share Trading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rs 5,000 to Rs 50,000: <input type="checkbox"/>	Above Rs 50,000: <input type="checkbox"/>
Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rs 5,000 to Rs 500,000: <input type="checkbox"/>	Above Rs 500,000: <input type="checkbox"/>

Which companies have you traded financial products with in the last year?

Client 1.....

Client 2.....

Declarations

Confirmation of Accuracy and Agreement:

Date: / /

I hereby represent and warrant that:

- (a) I have read and understood the Execution Policy and consent to the policy set out therein;
- (b) I have read and understood the Risk Warning and confirm that I understand the nature and risks of Premium Securities trading;
- (c) the information provided by me in this form is true and accurate and I will promptly notify you in writing if any of the representations materially change or cease to be true and accurate; and
- (d) I have read and understood and hereby confirm I am legally bound by the Agreement of which this Form and your Terms of Business form part.

.....
Client 1's Signature

Client 1's Name:

.....
Client 2's Signature

Client 2's Name:

IF AT ANY TIME THERE ARE ANY CHANGES TO THE INFORMATION PROVIDED TO SPREAD CO ON THIS FORM, IT IS IMPORTANT THAT YOU NOTIFY SPREAD CO IMMEDIATELY.

Authorisation to convey client instruction

If you would like to give Anand Rathi authority to submit your instructions to Spread Co on your behalf, please complete this form

To: **Spread Co Limited**
22 Bruton Street
London W1K 6QE
United Kingdom

Customer Name (Client 1)

Customer Name (Client 2)

Address

Address

Dear Sirs,

AUTHORISATION

- I/WE HEREBY APPOINT, NOMINATE, AND AUTHORISE Anand Rathi Commodities Ltd** of 11th Floor, Times Tower, Kamala City, Sanapati Bapat Marg, Lower Parel (W), Mumbai 400013, India whose signature appears below (the **Agent**), in my/our name and on my/our behalf to convey my/our instructions with respect to buying and selling Premium Securities of foreign exchange, securities, commodities, indices and such other investment transactions, as are offered by Spread Co Limited (**Spread Co**) from time to time (**Premium Securities**) and to:
 - convey my/our written, e-mail or telephone instructions to place orders, execute trades, buy, sell and otherwise deal in Premium Securities of any nature whatsoever (an **Instruction**), whether by telephone, on Spread Co's electronic dealing system (the **Dealing System**) or in any other manner permitted by Spread Co from time to time, in respect of my/our account or accounts maintained with Spread Co from time to time (the **Account**);
 - view all details and information relating to my/our Account(s) on the Dealing System from time to time, or in any other manner in which Spread Co permits my/our Account details to be viewed; and
 - take any other action instructed by me/us to be taken in relation to my/our Account(s) pursuant to Spread Co's Terms of Business, other than withdrawing funds from my/our Account.

EXCEPT AS SET FORTH IN THE TERMS CONTAINED HEREIN, THE AGENT IS NOT AUTHORISED TO WITHDRAW ANY MONEY, SECURITIES OR OTHER PROPERTY FROM MY/OUR ACCOUNT(S) OR OTHERWISE HELD WITH THE AGENT IN MY/OUR NAME.

- I/we undertake to ratify and confirm any actions the Agent does or purports to do in good faith acting on my/our Instructions in accordance with this Authorisation and acknowledge that I/we will be liable as principal for any actions taken by the Agent on my/our behalf pursuant to this Authorisation. I/we agree that the Agent may delegate one or more of the Instructions to a director, officer, employee or representative appointed for that purpose by the Agent.
- Spread Co is authorised and directed to deduct from my/our Account(s) and pay to the Agent the amount of all fees and commissions to be paid to the Agent. I/we hereby agree to indemnify and hold Spread Co and its employees harmless from any damages, losses or dispute arising out of or relating to the calculation and payment of any such fees and commissions.
- I/We hereby request Spread Co to provide the Agent with access to my/our Account(s) from time to time in order for the Agent follow the Instructions pursuant to this Authorisation, and authorise Spread Co to provide the Agent with access to any information relating to my/our Account(s) which the Agent may require from time to time in order to follow the Instructions given to it pursuant hereto.
- I/We consent to the Agent being appointed as Agent for other accounts with Spread Co (now and in the future) and hereby indemnify Spread Co from and against all and any liabilities arising as a result of any acts or omissions of the Agent with the respect to my/our Account under such circumstances.

Indemnity

- Pursuant to the power and authority vested by me/us in the Agent, I/we agree and acknowledge that Spread Co is authorised to follow any instructions given to Spread Co from the Agent on my/our behalf.
- I/We agree and acknowledge that Spread Co shall not incur any liability of any nature whatsoever to me/us or to any third party in respect of any damages, liabilities, costs, expenses, or lost profits arising as a result of following instructions received from the Agent.
- I/We hereby agree to indemnify and hold harmless Spread Co against all damages, liabilities, costs, expenses and lost profits (including reasonable legal fees) that arise in connection with following the Agent's instructions pursuant to this Authorisation.
- This Authorisation and the indemnity set out herein is in addition to all rights and remedies Spread Co may have under any other agreement or agreements between me/us or howsoever otherwise arising.

General

- I/We agree and acknowledge that the Agent shall not be liable for any damages, liabilities, costs or expenses which I/we incur or to which I/we become subject as a result of any action or omission to act by the Agent in connection with Agent's performance, provided that such conduct does not constitute fraud.
- I/We agree and acknowledge that the Agent shall not be liable for any indirect, incidental, special, punitive or consequential damages of any kind or nature whatsoever, whether arising under contract or tort (including negligence or strict liability) even if the possibility of damages were disclosed to the Agent or could have been reasonably foreseen by the Agent. I/we hereby further agree to indemnify and hold harmless the Agent against all damages, liabilities, costs, expenses, or lost profits (including reasonable legal fees) that arise in connection with following my/our Instructions.
- This Authorisation shall continue in effect until Spread Co's Terms of Business have been terminated or until Spread Co shall receive written notice of revocation signed by me/us, provided, however, that the indemnity shall survive the termination hereof. Until Spread Co has received actual written notice thereof, any such revocation or termination shall in no way affect the validity of this Authorisation and indemnity with respect to any Instruction initiated by the Agent prior to the actual receipt by Spread Co of such notice of revocation or termination.
- This Authorisation and indemnity shall inure to the benefit of the Agent's and Spread Co's successors and assigns.
- This Authorisation (and any dispute, controversy, proceedings or claim of whatever nature arising out of or in any way relating to this Authorisation or its formation or any act performed or claimed to be performed under it) shall be governed by and construed in accordance with English law.

This Authorisation has been entered into on the date stated at the beginning of it.

Yours faithfully,

Accepted and agreed by:

ANAND RATHI COMMODITIES LTD

Signature / Full Name (Client 1)

Signature:

Name:

Signature / Full Name (Client 2)

Title:

Date:

/ /

Date:

/ /

Completion of Form

PLEASE GIVE THE SIGNED AND COMPLETED FORM, TOGETHER WITH THE DOCUMENTS LISTED BELOW, TO THE SALES REPRESENTATIVE OR SEND BY POST TO:

Account Opening, Spread Co Limited, 1st Floor North, Argyle House, Joel Street, Northwood Hills, Middlesex HA6 1LN

You will need to send this form together with one of the documents from each of the following lists for each applicant:

Proof of Identity

- Valid Passport
- Valid Photocard Driving Licence
- Valid National Identity Card

Proof of Address (Dated within last 3 months)

- Utility Bill (note: mobile phone, internet bills and final demands will not be accepted)
- Most Recent Mortgage Statement
- Bank or Building Society Statement

The photocopied documents should be certified by any of a: lawyer, notary, accountant or embassy official, with the wording: "Certified as a true and complete copy of the original". Please do not send original documents.

Data Protection

Spread Co would like to send you communications by email and post about Spread Co's other products and services which we believe may be of interest to you. If you would prefer not to receive such communications, please tick here:

For Official Use Only	S/E		SC	
Checklist	C1	C2	C1	C2
1. Certified Copy Valid Passport/Photocard Driving Licence/National ID Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Certified Utility Bill/Most Recent Mortgage Statement/Bank or Building Society Statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Bank Account Details in full	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Client Signature Page	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Terms of Business, Execution and Conflicts Policy provided to the client.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Authorisation Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriateness Test				
Products appropriate for client to trade:	Yes: <input type="checkbox"/>		No: <input type="checkbox"/>	
Reasons:.....				
Client Classification				
1. Retail Client	<input type="checkbox"/>			
2. Professional Client	<input type="checkbox"/>			
3. Eligible Counterparty	<input type="checkbox"/>			
Details of any additional evidence produced to support client classification:				
Anand Rathi Signature	Spread Co Signature			
Partner Details				
Name of Partner:.....				
Name of Sales Executive:.....				
Sales Executive Code:.....				
Sales Executive Branch and Telephone Number:.....				
Sales Executive Signature:.....				