



**Registration Form for Online Services**

**Date:**

**Account Type:**  Cash  Margin  
(Please Tick)

Margin (IDA)  DPM (Easy Invest/MAXCAP)

**Client Code(s):**

**Client Name:**

**Mobile No.**

**E-mail Address:**

**Services to Register:**  Internet (email required)  Call Center (Phone No. Required)

I do hereby declare that all the particulars and information given in this Registration Form for online services are true, correct and complete. I also hereby acknowledge that I have read and understood the terms and conditions to operate my account through this system in SFIL Securities Limited. I shall maintain confidentiality of the password provided by the system and I shall be solely responsible for the consequences, if my password or mobile phone is mishandled or any transaction happened due to such unauthorized disclosure or mishandling and in such cases, I have no claim to SFIL Securities Limited.

**Signature & Date**

**Office Use Only**

**Form Receive Date**  **Branch**

**Registration Made & Confirmation Sent for The Following Services**  
 Internet  Call Center

**Registered By**  
(Sign with Date)