## Date:

## **Account Re-Activation Form**

Unique ID:

From:	(Name of client) (Address of client)
	 (Branch Name)

Τo,

Trading Department, Shah Investor's Home Ltd. SIHL House, Opp. Ambawadi Jain Temple, Nehrunagar Cross Road, Ahmedabad – 380015

Dear Sir / Madam

## Sub: Re-Activation of Trading Account

Ref: Trading Code:

This is with reference to the captioned. I / We \_\_\_\_\_\_ (name of the client – Individual / non-individual), having trading account with unique client code \_\_\_\_\_\_ allotted to me / us by your broking house situated at \_\_\_\_\_\_ (branch name) since \_\_\_\_\_\_ (date of activation of the account).

I am / we are not trading since \_\_\_\_\_\_ (last trade date). However, I/ We am / are desirous to start trading in my / our account. In this regard, you are requested to reactivate my / our trading account in the following segment / exchange and allow trading with immediate effect.

\_\_\_\_NSE Cash \_\_\_\_BSE Cash \_\_\_NSE FO \_\_\_\_BSE FO \_\_\_\_BSE MF \_\_\_\_ NSE CD. Signature: \_\_\_\_\_\_

Further, I / We hereby give my consent to maintain my / our account as RUNNING ACCOUNT for funds and securities. The securities lying in my withhold account should be considered as margin deposit. Further, I declare that

- a. I understand that I can revoke the authorization at any time by submitting the application.
- b. I have given my consent for \_\_\_\_\_ Monthly \_\_\_\_\_ Quarterly Settlement of my funds and securities. I give my consent to retain my funds up to Rs.10000/- (Rupees Ten Thousand Only) from such settlement. I am aware that on the settlement of account, I will receive a statement and I shall bring any dispute arising from the statement of account to the notice of the broker within 7 working days from the receipt of my statement of my account.
- c. If I have outstanding obligations on the settlement date, you may retain the requisite securities / funds towards such obligation and may also retain the funds expected to be required to meet margin obligation for next 5 trading days, calculated in the manner specified by the respective exchanges.

Thanking you,

Signature of Client

Date :

Place :

## FOR OFFICE USE ONLY

	Name	Agent Code / Employee Code	Date	Signature
Received By				
Processed By				
Verified By				

Important Instructions:       A) Fields marked with '*' are mandatory fields.       E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.         B) Please fill the form in English and in BLOCK letters.       C) Please fill the date in DD-MM-YYYY format.       F) List of two character ISO 3166 country codes is available at the end.         G) Please read section wise detailed guidelines / instructions at the end.       F) List of two character ISO 3166 country codes is available before the section update, please tick (       F) in the box available before the section number and strike off the sections not required to be updated.         For office use only       Application Type*       New       Update         (To be filled by financial institution)       KYC Number       (Mandatory for KYC update request)	
	t)
Account Type* Normal Simplified (for low risk customers) Small	
1. PERSONAL DETAILS (Please refer instruction A at the end)	
Prefix First Name Middle Name Last Nar	ne
Name* (Same as ID proof)	
Maiden Name (If any*)	
Father / Spouse Name*	
Mother Name*	
Date of Birth*	РНОТО
Gender*	FILOTO
Marital Status*	
Citizenship* IN- Indian Others (ISO 3166 Country Code )	
Residential Status*	
Foreign National     Person of Indian Origin	
X- Not Categorised	nature / Thumb Impression
2. TICK IF APPLICABLE RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B	at the end)
ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)	
ISO 3166 Country Code of Jurisdiction of Residence*	
Tax Identification Number or equivalent (If issued by jurisdiction)*	
Place / City of Birth* ISO 3166 Country Code of Birth*	
3. PROOF OF IDENTITY (Pol)* (Please refer instruction C at the end)	
(Certified copy of <u>any one</u> of the following Proof of Identity[Pol] needs to be submitted)	
A- Passport Number	YYY
B- Voter ID Card	
C- PAN Card	
D- Driving Licence Expiry Date D D - M M - Y	YYY
E- UID (Aadhaar)	
F-NREGA Job Card	
Z- Others (any document notified by the central government)	
S- Simplified Measures Account - Document Type code Identification Number Identificatio	
4. PROOF OF ADDRESS (PoA)*	
4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction <b>D</b> at the end) (Certified copy of <u>any one</u> of the following Proof of Address [PoA] needs to be submitted)	
	Unspecified
Proof of Address* Passport Driving Licence UID (Aadhaar)	
Simplified Measures Account - Document Type code	
Address	
Address Line 1*	
Address	

4.2 CORR	ESPON	DENC	E / LO	CALA	DDRE	SS DE	TAIL	S * (F	lease	see in	struc	tion <b>I</b>	E at th	ne eno	d)												
Same as C	Current	Perma	anent /	Overs	eas Ac	Idress	deta	ils (In	case	of mu	tiple	corre	spon	dence	/ loca	al ado	dress	es, p	leas	e fill '	Anne>	cure	<b>A1</b> ')				
Line 1*																											
Line 2																											
Line 3										•					0			-		ו / Vi	llage*			<u> </u>		*	
District*							Pin /	Post	Code	e*					State	e / U	.1 Co	ode^			ISC	5 31	166 (	Jour	itry Co	ode^	
4.3 ADDR	ESS IN	THE J	JRISD		N DET	AILS V	VHEF	RE AP	PLICA	ANT IS	RES	IDE		JTSIE		DIA F	OR 1	TAX F	PURI	POSE	ES* (A	pplic	able	if sec	tion 2	is tick	ed)
Same as C	Current	Perma	anent /	/ Overs	eas Ac	Idress	deta	ils				Sar	ne as	Corre	espon	denc	e / Lo	ocal A	Addro	ess d	etails						
Line 1*																											
Line 2																											
Line 3															[		City	у / То	own	/ Vill	age*		00.0			-1 - +	
State*												ZIP	/ Po:	st Co	de*						150	0 3 10	66 C	ount	ry Co	ae	
5. CONT/	ACT DE	TAILS	(All c	ommun	ications	s will be	e sent	on pro	ovided	Mobile	e no. /	Ema	il-ID) (	Pleas	e refer	instr	uction	F at	the e	end)							
Tel. (Off)								Tel	(Res	)									Nobi								
FAX									ail ID	′⊢		<u> </u>															
								LIII																			
🗌 6. DETAI	LS OF	RELA	ED P	ERSO	N (In	case o	f addi	tional	related	perso	ns, ple	ease	fill 'An	nexure	e B1')	(plea	ase re	fer in	struc	tion <b>G</b>	at the	end)	)				
Addition of F				Deletion			erson					C Nu	mber		ated P												
Related Perso	n Type'	·		Guardia efix	an of N	/linor	Eir	st Nai		Assigr	iee				Auth Middle			epre	sent	ative				Last N	Jamo		
Name*			FI				FII	SUNA	ne			7 [													lanie		
			(If K	YC nun	nber an	d nam	e are	provid	ed, bel	ow det	ails of	fsect	ion 6	are op	tional)												
PROOF OI	F IDENT	ITY (Po	II OF F	RELATE	D PER	SON*	(Plea	se see	instru	ction ( <b>F</b>	l) at th	ne en	id)														
A- Passp											-,		-,	Pa	isspo	rt Ex	xnirv	Dat	e			- 5	M	vi —	YY	Y Y	
B- Voter I																,		241									
		•																									
D- Driving		~												<b>D</b> -	i.	Line			im / F	) oto		_			VV		
E- UID (A	-													DI	iving	LICE	nce	Exp	пуL	Jale	DD	<u>'</u>	IVI	VI	ΥΥ	T I	
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<ul> <li>Z- Others</li> <li>S- Simplif</li> </ul>											_						tificat tificat										
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7. REMA	RKS (II	any)																									
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8. APPL	ICANT	DEC	LARA																								
I hereby declar																											
therein, immed for it.	liately. In c	ase any c	f the abo	ove inform	ation is f	ound to I	be false	e or untr	ue or mi	sleading	or misr	eprese	enting, I	am awa	are that	l may	be held	liable									
<ul> <li>I hereby conse</li> </ul>	ent to recei	/ing inforr	nation fro	om Centra	al KYC R	eqistry th	hrough	SMS/Er	nail on tl	he above	e registe	ered nu	umber/e	mail ad	dress.												
	D — M	-	YY	YY	]		Place													5	Signatur	e / Th	numb l	mpress	sion of A	Applicar	nt
				1 1	1																						
9. ATTES	STATIO	N / FC	or oi	FFICE	USE	ONL	Y																				
Documents I	Receiv	əd	Cei	rtified (	Copies																						
	K	C VER	IFICAT		ARRIED	) OUT	BY											INST	ΓΙΤυΤ	TION	DETAII	LS					
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Date Emp. Name													ame ode														
Emp. Code												Co	bue														
Emp. Designa	ation																										
Emp. Branch																											

Annexure B1	
CENTRAL KYC REGISTRY   Know Your Custo	mer (KYC) Application Form   Individual   Related Person
<ul> <li>Important Instructions:</li> <li>A) Fields marked with <sup>**'</sup> are mandatory fields.</li> <li>B) Please fill the form in English and in BLOCK letters.</li> <li>C) Please fill the date in DD-MM-YYYY format.</li> <li>D) Please read section wise detailed guidelines / instructions at the end.</li> </ul>	<ul> <li>E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.</li> <li>F) List of two character ISO 3166 country codes is available at the end.</li> <li>G) KYC number of applicant is mandatory for update application.</li> <li>H) For particular section update, please tick (</li> <li>i) in the box available before the section number and strike of the sections not required to be updated.</li> </ul>
For office use only       Application Type*         (To be filled by financial institution)       KYC Number	New       Update         (Mandatory for KYC update request)
1. DETAILS OF RELATED PERSON (Please refe	er instruction G at the end)
Name*	Son       KYC Number of Related Person (if available*)       Image: Control of the sector of
PROOF OF IDENTITY (Pol) OF RELATED PERSON* (P	Please see instruction (H) at the end)
<ul> <li>A- Passport Number</li> <li>B- Voter ID Card</li> <li>C- PAN Card</li> <li>D- Driving Licence</li> <li>E- UID (Aadhaar)</li> <li>F- NREGA Job Card</li> <li>Z- Others (any document notified by the central gove</li> <li>S- Simplified Measures Account - Document T</li> </ul>	
2. APPLICANT DECLARATION	
therein, immediately. In case any of the above information is found to be liable for it.	ne best of my knowledge and belief and I undertake to inform you of any changes false or untrue or misleading or misrepresenting, I am aware that I may be held       [Signature / Thumb Impression]         ICE :       Signature / Thumb Impression of Applicant
3. ATTESTATION / FOR OFFICE USE ONLY	
Documents Received Certified Copies	
KYC VERIFICATION CARRIED OUT BY	Y INSTITUTION DETAILS
Date     D     V     V     V     V       Emp. Name     V     V     V     V       Emp. Code     V     V     V       Emp. Designation     V     V     V       Emp. Branch     V     V     V	Name       Name       Image: Code       Imag