

Date:

Account Re-Activation Form

Unique ID:

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

To,  
 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.
- B) Please fill the form in English and in BLOCK letters.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please read section wise detailed guidelines / instructions at the end.
- E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- F) List of two character ISO 3166 country codes is available at the end.
- G) KYC number of applicant is mandatory for update application.
- H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

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

Application Type\*  New  Update

KYC Number  (Mandatory for KYC update request)

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 Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<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"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <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"/> Student)	
	<input type="checkbox"/> B-Business			
	<input type="checkbox"/> X- Not Categorised			

**PHOTO**

Signature / 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 (PoI)\*** (Please refer instruction C at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

<input type="checkbox"/> A- Passport Number <input type="text"/>	Passport Expiry Date <input type="text"/>
<input type="checkbox"/> B- Voter ID Card <input type="text"/>	
<input type="checkbox"/> C- PAN Card <input type="text"/>	
<input type="checkbox"/> D- Driving Licence <input type="text"/>	Driving Licence Expiry Date <input type="text"/>
<input type="checkbox"/> E- UID (Aadhaar) <input type="text"/>	
<input type="checkbox"/> F- NREGA Job Card <input type="text"/>	
<input type="checkbox"/> Z- Others (any document notified by the central government) <input type="text"/>	Identification Number <input type="text"/>
<input type="checkbox"/> S- Simplified Measures Account - Document Type code <input type="text"/>	Identification Number <input type="text"/>

**4. PROOF OF ADDRESS (PoA)\***

**4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS** (Please see instruction D at the end)

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Address Type\*  Residential / Business  Residential  Business  Registered Office  Unspecified

Proof of Address\*  Passport  Driving Licence  UID (Aadhaar)

Voter Identity Card  NREGA Job Card  Others  please specify

Simplified Measures Account - Document Type code

**Address**

Line 1\*

Line 2

Line 3

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



