Account Re-Activation Form

From:						
Shah Ir SIHL H	ng Department, Investor's Home Ltd. House, Opp. Ambawadi Jain Temple, Inagar Cross Road, Ahmedabad – 380015					
	Sir / Madam					
	Re-Activation of Trading Account rading Code:					
Indiv	with reference to the captioned. I/Wevidual / non-individual), having trading account with unique proking house situated at (branch name) since	client code allotted to me / us by				
trading	/ we are not trading since (last trade date). g in my / our account. In this regard, you are requested to ring segment / exchange and allow trading with immediate e	reactivate my / our trading account in the				
NS	SE Cash BSE CashNSE FO BSE FOBSE MF _	NSE CD. Signature:				
securit declare		e considered as margin deposit. Further, I				
	I understand that I can revoke the authorization at any tin					
D.	I have given my consent for Monthly securities. I give my consent to retain my funds up to Rs such settlement. I am aware that on the settlement of a bring any dispute arising from the statement of account days from the receipt of my statement of my account.	s.10000/- (Rupees Ten Thousand Only) from ccount, I will receive a statement and I shall				
C.	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.					
Thanki	ing you,					
 Signati	cure of Client					
Date :	Place :					
	FOR OFFICE USE C	NLY				
	Name Agent Code /	Data Signaturo				

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

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual

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.



at the one.					STATE PARTY		
For office use only	Application Type*	□New	Update				
-	nstitution) KYC Number	_		(Mandatory for KYC u	pdate request)		
	Account Type*	☐ Normal	Simplified ((for low risk customers)			
☐ 1. PERSONAL DE	ETAILS (Please refer instruction	n A at the end))				
	Prefix	First Name		Middle Name	Last Name		
☐ Name* (Same as ID p	proof)						
Maiden Name (If any*)							
Father / Spouse Name	*						
Mother Name*							
Date of Birth*	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	YY			РНОТО		
Gender*	☐ M- Male		☐ F- Female	☐ T-Transgender			
Marital Status*	☐ Married		Unmarried	☐ Others			
Citizenship*	☐ IN- Indian		Others (ISO 3	166 Country Code)			
Residential Status*	☐ Resident Individual		☐ Non Resident I	ndian			
	☐ Foreign National		☐ Person of India	an Origin			
Occupation Type*	☐ S-Service (☐ Priva		☐ Public Sector	☐Government Sector)			
	☐ O-Others (☐ Profe☐ B-Business	essional	Self Employed	☐ Retired ☐ Housewife ☐ Stude	,		
	☐ X- Not Categorised						
2. TICK IF APPLIC	CABLE RESIDENCE FO	R TAX PURP	POSES IN JURISDI	ICTION(S) OUTSIDE INDIA (Please re	fer instruction B at the end)		
ADDITIONAL DETAILS	REQUIRED* (Mandatory only	if section 2 is	ticked)				
ISO 3166 Country Cod	e of Jurisdiction of Residenc	e*					
Tax Identification Numb	per or equivalent (If issued by	urisdiction)*					
Place / City of Birth*			ISO 3166 Country	y Code of Birth*			
☐ 3. PROOF OF IDE	ENTITY (Pol)* (Please refer in	struction C at t	the end)				
(Certified copy of any one	of the following Proof of Identity[Pol] needs to b	be submitted)				
☐ A- Passport Number	er			Passport Expiry Date	- M M $-$ Y Y Y		
☐ B- Voter ID Card							
☐ C- PAN Card							
☐ D- Driving Licence				Driving Licence Expiry Date	- M M - Y Y Y Y		
□ E- UID (Aadhaar)							
☐ F- NREGA Job Card							
Z- Others (any document notified by the central government)							
S- Simplified Measures Account - Document Type code							
4. PROOF OF ADDRESS (PoA)*							
4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)							
(Certified copy of <u>any one</u> of the following Proof of Address [PoA] needs to be submitted)							
Address Type* Residential / Business Residential Business Registered Office Unspecified							
Proof of Address*							
☐ Voter Identity Card ☐ NREGA Job Card ☐ Others ☐ Delase specify ☐ Delase specify							
Simplified Measures Account - Document Type code Address							
Line 1*							
Line 2							
Line 3				City / Town / Village*			
District*	Pin	/ Post Code*		State / U.T Code* ISO 3	166 Country Code*		

4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction E at the end)							
Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')							
Line 1*							
Line 2					Oit / T	- / \ (!! +	
Line 3 District*		Din / Doot C	'odo*		ate / U.T Code*	n / Village* Sountry Cod	o*
District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*							
4.3 ADDRESS IN THE JU	IRISDICTION DE	ETAILS WHERE APPI	LICANT IS RES	SIDENT OUTSIDE	INDIA FOR TAX PUR	POSES* (Applicable if section 2 is	ticked)
Same as Current / Perma	nent / Overseas	Address details		Same as Corresp	ondence / Local Addr	ress details	
Line 1*							
Line 2					City / Town	y / Villago*	
Line 3 State*				ZIP / Post Code		ISO 3166 Country Code	*
Ciaio				/			
☐ 5. CONTACT DETAILS	(All communication	ons will be sent on provi	ded Mobile no. /	/ Email-ID) (Please re	fer instruction F at the	end)	
Tel. (Off)	_	Tel. (I	Res)		Mobi	ile —	
FAX	-	Emai	ID				
□ 6 DETAILS OF BELAT	ED DEDSON /	(In case of additional rol	ated persons in	oaso fill 'Annovuro P	1') (plaasa rafar instruc	etion G at the end)	
6. DETAILS OF RELAT Addition of Related Person	Deletion of F				Person (if available*)	Such C at the chuj	
Related Person Type*	☐ Guardian o		Assignee		uthorized Represent	tative	
71	Prefix	First Name	_		ddle Name	Last Name	
Name*	(If KVC number	and name are provided	holow dotaile o	of acation 6 are antion	val)		
	•	·		·	iai)		
PROOF OF IDENTITY [Pol] OF RELATED PI	ERSON* (Please see in	struction (H) at t				
A- Passport Number				Pass	port Expiry Date		Υ
☐ B- Voter ID Card							
C- PAN Card							
☐ D- Driving Licence				Drivii	ng Licence Expiry [Date DD-MM-YYYY	Υ
☐ E- UID (Aadhaar)							
							
Z- Others (any documen	-				Identification Nur		
S- Simplified Measures	s Account - Do	ocument Type code			Identification Nur	mber	
7. REMARKS (If any)							
8. APPLICANT DECL	ARATION						
I hereby declare that the details furn	nished above are true a	and correct to the best of my	knowledge and bel	lief and I undertake to info	orm you of any changes		
therein, immediately. In case any of for it.	the above information	is found to be false or untrue	or misleading or mis	representing, I am aware t	hat I may be held liable		
I hereby consent to receiving inform	nation from Central KY0	C Registry through SMS/Emai	on the above regist	tered number/email addres	s.		
Date : DD - MM -	YYYY	Place :				Signature / Thumb Impression of App	licant
9. ATTESTATION / FO	R OFFICE US	SE ONLY					
Documents Received							
KYC VERIFICATION CARRIED OUT BY INSTITUTION DETAILS							
Date	D - M M - D	y y y y		Name			
Emp. Name				Code			
Emp. Code							
Emp. Designation							
Emp. Branch							
	[Institution Stamp] [Employee Signature]						

Annexure B1

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual | Related Person

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 of the sections not required to be updated.



For office use only	Application Type*	☐ New ☐ Update	e				
(To be filled by financial institution) KYC Number (Mandatory for KYC update request)							
□ 4 DETAIL C OF BELAT	TO DEDCON (Disease referring						
	TED PERSON (Please refer in						
Addition of Related Person	Deletion of Related Person	_	C Number of Related Person (if availab				
Related Person Type [*]	Related Person Type* Guardian of Minor Assignee Authorized Representative Prefix First Name Middle Name Last Name						
Name*							
	(If KYC number and name are	provided, below details of	section 1 are optional)				
PROOF OF IDENTITY (Po	I) OF RELATED PERSON* (Plea	ase see instruction (H) at f	the end)				
☐ A- Passport Number			Passport Expiry Date				
☐ B- Voter ID Card							
☐ C- PAN Card							
☐ D- Driving Licence			Driving Licence Expi	iry Date DD-MM-YYYY			
☐ E- UID (Aadhaar)							
☐ F- NREGA Job Card							
Z- Others (any documen	nt notified by the central govern	ıment)	Identification I	Number			
☐ S- Simplified Measure	□ S- Simplified Measures Account - Document Type code Identification Number						
2. APPLICANT DECL	ARATION						
I hereby declare that the details furn	nished above are true and correct to the b	est of my knowledge and belief	and I undertake to inform you of any changes				
therein, immediately. In case any of liable for it.	therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held						
Date : DD - MM -	Y Y Y Y Place	:		Signature / Thumb Impression of Applicant			
2 ATTESTATION / EC	OR OFFICE USE ONLY						
3. ATTESTATION / PC	OR OFFICE USE UNLI						
Documents Received	Certified Copies						
KYC VER	IFICATION CARRIED OUT BY		INSTITUTION DETAILS				
Date	D - M M - Y Y Y Y		Name				
Emp. Name			Code				
Emp. Code							
Emp. Designation							
Emp. Branch							
[Institution Stamp]							