Date:							
The Director/s, Share Indian Securities Limited A15, Sector 64, Noida, Uttar Pradesh-201301							
Sir / Madam,							
Sub: Request for Re-activation of Trading A/c							
I/we do hereby request your good selves that my/our trading account bearing Client Code which has been disabled due to absence of trading activities in the said account for more than 1 year, may please be re-activated in the following segments:							
Stock Exchange / Segment	Capital Market	Futures & Options (Equity Derivatives)	Currency Derivatives	Commodity Derivatives			
NSE	<b>✓</b>	•					
BSE	<b>✓</b>						
NCDEX							
MCX							
ICEX							
*Please sign against	all such m arket segm	ent/s, wherein client ir	ntends to trade after re	-activation.			
The updated KYC information w.r.t. my/our said trading account has been given in the enclosed document.							
knowledge and b		dertake to keep yo		ect to the best of my/ou change/s, if any, in the			
Thanking you,	_						
Signature:							
Client Name & Code:							
Encl: As above							

(Important: Copy of latest Income Proof must also be provided in all such cases wherein client seeks re-activation of Trading Account in Derivatives Segment/s)

## **Clients' Details**

(To be filled-in by the clients at the time of request for re-activation of Trading A/c)

Correspondence Address **			
Bank Account Details**	Bank A/c No		
	Bank Name		
	Branch		
	IFSC Code		
Demat Account Details**	Depository O CDSL O NSDL		
	Demat A/c No.		
	DP Id		
	DP Name		
Mobile No.			
Email Id			
Occupation (Please tick)	O Business O Pvt. Sector O Professional O Govt. Service O		
	Public Sector O Agriculture O Housewife O Student O		
	Retired		
	o Others		
Annual Income (in Rs.) (Please tick)	O Below 1 Lac O From 1 Lac to 5 Lacs		
	O From 5 Lacs to 10 Lacs O From 10 Lacs to 25 Lacs		
	O From 25 Lacs to 1 Crore O Above 1 Crore		
Name of all countries (other than India)			
wherein you are a resident for tax			
purposes			
Details w.r.t. Politically Exposed Person	O PEP O Related to PEP O Not Applicable		
(PEP) (Please tick)			
Details of In-person Verification			
(Only for official purposes)	Name		
	Date		
	Designation		
**D			

Name_	PAN	Code	_Signature

<sup>\*\*</sup>Please provide self attested copy of relevant supporting documents in respect of these details.