

Please fill all the details in **Block Letters** in English. Please mark (✓) on the appropriate column

Date	D	D	M	M	Y	Y	Y	Y
------	---	---	---	---	---	---	---	---

To,

ZUARI FINSERV LIMITED

Plot No. 2, Zamrudpur Community Centre,
Kailash Colony Extension,
New Delhi 110048

Sub: Request to Re-activate my/our Trading Account

Trading ID / UCC: _____

Dear Sir,

I/We am/are having above mentioned trading account with Zuari Finserv Limited, I/we have not traded in Equity (Cash, F&O, Currency) and/or Commodity segment since _____ (last trading date) hence my account is marked dormant/inactive. However, I/we am/are desirous to start trading again as my/our earlier account settled to my satisfaction and verified by me/us.

In this regard, you are requested to reactivate my/our trading account and allow trading with immediate effect. Further, I/We hereby confirm and undertake that:

- I/We wish to modify _____ details and there is no other material change in the other information provided to you earlier. Further, I/We am/are submitting fresh KYC Form/Modification form for modification of my/our details.
- There are no changes in my/our KYC details (Name, PAN Details, Status, Address, Contact Details, Bank Account, Income Range and Net-worth) as provided to you earlier. Further, if there is any change, I will provide and complete KYC formalities.
- I/We am/are aware of Dormant Account Reactivation policy of ZFL and necessary reactivation charges shall be borne by me/us

I/We declare that the information given above is true to my/our knowledge. I/We, therefore, request you that the requirement of fresh KYC may not be insisted upon.



Place: _____

Please note:

In case of Non-Individual, company/firm/huf stamp seal also required to be affixed along with the signature/s.
Kindly submit a copy of your photo id proof (Pan or Aadhaar etc.) duly self-attested along with the form.

FOR OFFICE USE ONLY

IPV Done on

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

(Originals Verified) Self Certified Documents Copies received

(Attested) True Copies of documents received

Name of the Organization:	ZUARI FINSERV LIMITED
Employee/AP Name:
Code:
Designation:
Signature:	Date: / /