Undertaking for reactivation of trading account (To be taken on the letterhead in case of non-individual client)

	Date: To,		
	Anjaney Stock Broking Ltd.		
6	6, Waterloo Street, 4 th Floor,		
Kolkata -700 069			
Sir,			
V	I/we(name of the client-Individual/Non-individual), having trading account with unique Client Codeallotted to me/us by your broking house situated at <u>6</u> , <u>Waterloo Street</u> , <u>4th Floor, Kolkata-700069</u> (HO Kolkata) since/(date of activation of the account).		
	I/we am/are not trading since// (last trade date). However, I/we am/are desirous to start trading again. In this regard, you are requested to reactivate my/our trading account and allow trading with immediate effect.		
I	I/we hereby undertake that:		
1. I/We have completed all the KYC formalities and submitted all the required documents thereof (Proof of Identity, Address Proof, Bank Proof, PAN, etc.), at the time of opening the trading account originally and enrolling as a client with you.			
2. There are no changes in respect of my/our Address, Bank account, PAN details, as provided to you earlier. Further, there is no material change in the other information.			
I	Email ID	Mobile No +91	
1 Gross Annual Income (Income Range per Annum, Plz tick) ☐ Below ₹1 Lac ☐ ₹1-5 Lac ☐ ₹5-10 Lac ☐ ₹10-25 lac ☐ Above		ac	
	·	Non- Individual)	
	Net worth (not Older than 1 Year) Amount (₹)	As on (Date) D D M M Y Y Y	
2	2 Occupation (pls, tick any one give brief details) Private Sector Public	cSector Govt.Service Business Professional	
		Housewife Student Forex Dealer Others (plz.specify)	
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. I/We further confirm having received, read and understood the			
contents of the "Rights and Obligations" and "Risk Disclosure Documents." I/We hereby agree to be bound by such			
provisions as outlined in these documents.			
Yours Faithfully,			
Ø			
(Sign. of the Authorized Signatory - Designated Director/Managing Partner/Karta/Proprietor/Individual)			
FO	FOR OFFICE USE ONLY In Parson Varification Corried out by	Client Interviewed by	

In Person Verification Carried out by	Client Interviewed by
Date-	Date-
Name-	Name-
AP/ Employee Code-	AP/ Employee Code-
Designation-	Designation-
	29