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

Date:_____
To,
Santosh Kumar Kejriwal Securities Pvt Ltd
2,Brabourne Road, 6th Floor,
Govind Bhawan
Kolkata-700001

Sir,

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 2, Brabourne Road,6th Floor, Govind Bhawan Kolkata-700001 (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/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.

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 ₹25 Lac	
	OR/AND (For Non- Individual)		
	Net worth (not Older than 1 Year)	Amount (₹) _____	As on (Date) D D M M Y Y Y Y
2	**Occupation** (pls, tick any one give brief details)	☐ Private Sector ☐ Public Sector ☐ Govt. Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired ☐ 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,

(Sign. of the Authorized Signatory - Designated Director/Managing Partner/Karta/Proprietor/Individual)

FOR OFFICE USE ONLY

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