

APPLICATION TO REACTIVATE TRADING ACCOUNT

 $Paragon \ Center, C-06, Ground \ Floor, PB \ Marg, Worli, Mumbai-400013; Tel: 91\ 22\ 66175454/66299299; Fax: 91\ 22\ 66175434, E-mail:dp@emkayglobal.com, Website: www.emkayglobal.com$

Date :	
To,	
Emkay Global Financial Services Ltd.	
Mumbai	
Sir/Madam,	
Sub: Request to Re-activate my Trading Account	
Sucrito quest to the unit rule my fraumgrise our	
I / we	(name of the client-Individual / Non-individual), having trading account wit
Unique Client Code	allotted to me / us by your broking house situated at
(branch name) since(date of a	activation of the account).
I / we am / are not trading in any segment on the R	SE / NSE / MCX / MCDEX / MSEI trading platform since(last_trade
	ng again on the BSE/NSE/MCX/NCDEX/MSEI platform.
	trading account and allow trading with immediate effect.
I/we hereby undertake that:	
1. I/ We have completed all the KYC formalit	ties and submitted all the required documents thereof (Self attested Proof of Identity
	n branch In-Person Verification stamp), at the time of opening the trading accoun
originally and enrolling as a client with you.	
2. As requested please find enclosed duly filled	
•	details and there is no othe
material change in the other informati submitting KRA form/modification for	tion provided to you in Client Registration Form (CRF Form). Further I/We am/are
_	Name, Address, Bank account, PAN details, Status, Mobile No., Email Id, Income Range
	rovide to you earlier, Further, there is no material change in the other information provided
to you in CRF Form.	.v. rad to you turnet, I write, under it no immerium vinninge in the times in incommunity pro radio
3. Nomination for trading account	
I do not wish to nominate any one for my to	rading account
	at accountwith Emkay
4. I/We am/are aware of Dormant Account Read	activation policy of Emkay and necessary reactivation charges shall be borne by me/us.
5. I/ We wish to receive Contract Notes through	gh ☐ Electronic Contract Note (ECN) ☐ Physical Contract Note
_	te to my/our knowledge. I/we, therefore, request you that the requirement of fresh KYC
may not be insisted upon.	
77 F 14 C H	
Yours Faithfully,	
(Signature of the Individual Client) / For (Name of the	ne Non-individual client)
(Name of the Authorized Signatory -Designated Dire	
	121/2
FOR OFFICE USE	
EMKAY GLOBAL FINANCIAL SERVICES LTD.	Seal/Stamp of the intermediary should contain Staff Name
□(Originals Verified) Self Certified Document Copies received	Designation
□(Attested) True Copies of documents received Main Intermediary	Name of the OrganizationSignature
	Date