

DORMANT ACCOUNT RE-ACTIVATION REQUEST LETTER

Client Code	
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To,
Prabhudas Lilladher Pvt. Ltd.
Client Relations Department
3rd Floor, Sadhana House,
570, P.B. Marg, Worli,
Mumbai – 400018

Dear Sirs,

Sub: Request to re - activate my / our Trading account

I/We understand that my/our trading account held with you is de-activated as per circular dated February 10th, 2020 issued by the Exchanges concerning treatment of Inactive accounts. I/We request you to reactivate my/our above mentioned trading account.

I/We hereby re-confirm the following details existing in your records in the above mentioned Trading Account:

	DETAILS (Tick whichever option is applicable)				
Correspondence Address*	<input type="checkbox"/> No change	<input type="checkbox"/> As per that given on KRA cum CERSAI KYC Form			
Permanent Address*	<input type="checkbox"/> No change	<input type="checkbox"/> As per that given on KRA cum CERSAI KYC Form			
Mobile Number	<input type="checkbox"/> No change	<input type="checkbox"/> As per that given on KRA cum CERSAI KYC Form			
E-mail ID	<input type="checkbox"/> No change	<input type="checkbox"/> As per that given on KRA cum CERSAI KYC Form			
Demat Account Number*	<input type="checkbox"/> No change	<input type="checkbox"/> As per that given on Modification Form			
Bank Account Number*	<input type="checkbox"/> No change	<input type="checkbox"/> As per that given on Modification Form			
RTGS / NEFT facility*	<input type="checkbox"/> No change	<input type="checkbox"/> As per that given on Direct Credit Form			
Exchange/Segment Preference	<input type="checkbox"/> No change	<input type="checkbox"/> As per that given on Exchange/Segment Preference Letter			
Gross Annual Income (Rs.)	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lac	<input type="checkbox"/> 5-10 Lac	<input type="checkbox"/> 10-25 Lac	<input type="checkbox"/> Above 25 Lacs

(* In case of any change in details, self-attested copies of documents in support of changes are to be attached with respective form/s)

Additional documents submitted:


- Last Audited Financial Statement (Mandatory for Corporate/ Partnership Firm/Trust)
- Latest Shareholding Pattern (Mandatory for Corporate)

I/We hereby confirm that I/We have read and understood the contents of Rights & Obligations, Risk Disclosure Document, Guidance Note and Policy & Procedures which have been displayed for information on PL's designated website viz. www.plclients.com. I/We confirm that Account Opening Form (AOF) / Modification form(s), Agreement(s), and other written requests etc. signed by me/us prior to date herein mentioned are valid and binding on me/us. I/We shall complete required formalities as you deem fit from time to time.

I/We enclose the required document(s) for processing my request.

Thanking You,

Yours Sincerely,

Client Name	Client Signature	Date								
				-			-	2	0	2

Note:

- In case of individual accounts, this form should be signed by Client only and not by his/ her Power of Attorney holder.
- In case of non-individual accounts, this form should be signed by the Authorised Signatory(ies) only.

For Branch / AP use only:

IN-PERSON VERIFICATION (IPV) DETAILS										
Name of person conducting IPV										
Designation										
AP/Branch Name										
PL Employee Code										
Signature in Full										
IPV Conducted Date			-			-	2	0	2	

Note: In case of an AP client, IPV is to be conducted by Authorised Person (AP) himself/herself whose signature is provided to PL at the time of their registration as an AP which will be cross-verified by PL from its records

For HO office use only:

Request received Date	/ /202__
Remarks (if any)	
Date of Re-activation	/ /202__
Name & Signature of Authorised Official	