ISF SECURITIES LTD.

Member : NSE (Capital, F&O and Currency Derivative Segment)

BSE (Capital and F&O Segment)

SEBI Regn. No.: INZ000211738 Depository Participant - CDSL

CDSL Regn. No. IN-DP-320-2017 • DP ID : 12073300



Regd. & Corp. Office: 5A/4B, Ansari Road Darya Ganj, New Delhi-110002 Ph.: 011-43500300, E-mail: support@moneyisle.in

Web: www.moneyisle.in

REQUEST LETTER FOR ACTIVATION OF DORMANT TRADING ACCOUNT

Regd.		ITIES LTD. ce: 5A/4B, Ansari Road elhi-110002					
Dear S	ir,				Date :		
SUB :	Request	for reactivation of the Tr	ading Account.				
Ref:	Client / T	rading Account No.:					
along some in the a	with the rele unavoidable account bee gactivity and	evant KYC supporting docume reasons, I/we could not place/ en kept under "Inactive" mode I hence request you to kindly "F	ents provided by me/us /execute any trades/ord at your end as "Dorma Reactivate" the Account	at the time ers in the sa nt Account to enable u	y filled and signed Client Registration Form e of Opening the Trading Account. Due to aid account, since last 12 months, resulting ". However, I/we have decided to start the s to trade in the account. Segments: (Please sign for the segments		
	Stock Exchange		N	Market Segment/s			
	NSE	Cash		F&O			
		Currency					
	BSE	Cash		F&O			
2.	trading) ☐ Last S	osing here with the proof for ix Months Bank Statement DP Holding Statement	□ Networth Certifica □ Form 16/ Latest S	ate	mpulsory for activation for derivatives ☐ Latest IT Return ☐ Latest Balance Sheet		
3.	•	ne through the current Membe n your web-site as applicable t			closures and Policies and Procedures etc. ree to abide by the same.		
4.		m that there is no change in n Depository and Bank Account fo			ss, PAN Number, ID Proof, and Telephone s etc.,		

OR

☐ Changes in the KYC details are separately given for updation along with required document proof.

Gross Annual Income Details & Occupation Details: Gross Annual Income Range per annum Income Details (please specify) Net-worth*Amount(₹)As on (Date) (/_ /20) (Net worth should not be older than *For Indivudual Client 'Net-worth' is Optional, In case of Non-Invididual client 'Net-worth' will be mandatory one and give brief details): Net-worth*Amount(₹)	Bank Name	E	Branch Address	Bank Account No.	A/c Type	IFSC & MICR					
Demat Account Details (Only if there is change or additional DP is to be added): (Copy of Client Master / Latest Transaction Statement, where the Client name appears) Depository Participant Name						IFSC					
Depository Participant Name Depository Name Beneficiary Name DPID Beneficiary II						MICR					
Gross Annual Income Details & Occupation Details: Gross Annual Income Range per annum Income Details: Gross Annual Income Range per annum Income Details: Gross Annual Income Range per annum Income Details: (please specify) Net-worth 'Amount(₹)			•	_		-					
Gross Annual Income Range per annum Below ₹ 1 Lac		me	Depository Name	Beneficiary Name	DP ID		Beneficiary ID (BO ID)				
Gross Annual Income Range per annum Below ₹ 1 Lac											
Income Details Below ₹1 Lac	Gross Annual Income Details & Occupation Details :										
one and give brief details): Agriculturist Retired Housewife Student Others	Income Details Below ₹1 Lac ₹1-5 Lac ₹5-10 Lac ₹10-25 Lac ₹25 Lac-1Crore More than ₹10										
Cheque No											
I/We authorize you to debit the charges, if any, to our Trading account maintained with you. Hope the above documents are with your need and in case of any further information / details / documentation; I give my commitment to adhere to the Hence, request you to do the needful and communicate the same to me/us at the earliest. I/We hereby declare that the details furnished above furnished are true and correct to the best of my/our knowled belief and I/We undertake to inform you of any changes therein, immediately. In case any of the above informated to be false or untrue or misleading, I/We am/are aware that I/We be held liable for it. In case of any information / details / documentation required by you; I/We give my/our commitment to adhere to the same. Name (s) of the Client/Authorised Signatory (with rubber stamp in case of Non-Individual) Date:/ Place: > Note: Please provide a self-attested PAN CARD photo copy FOR OFFICE USE ONLY Documents Accepted by: Documents Verified by: ch Code (if applicable) e of the Employee oyee Code	I / We are enclosing herewith the cheque for the outstanding amount over due in my account up to date.										
with your need and in case of any further information / details / documentation; I give my commitment to adhere to the Hence, request you to do the needful and communicate the same to me/us at the earliest. I/We hereby declare that the details furnished above furnished are true and correct to the best of my/our knowled belief and I/We undertake to inform you of any changes therein, immediately. In case any of the above information to be false or untrue or misleading, I/We am/are aware that I/We be held liable for it. In case of any information / details / documentation required by you; I/We give my/our commitment to adhere to the same. Name (s) of the Client/Authorised Signatory Signature of Client /Authorised Signatory (with rubber stamp in case of Non-Individual) Date: / Place: Note: Please provide a self-attested PAN CARD photo copy FOR OFFICE USE ONLY Documents Accepted by: Documents Verified by: ch Code (if applicable) e of the Employee oyee Code	Cheque Nodatefor Rsdrawn on Bar										
Signature of Client /Authorised Signatory (with rubber stamp in case of Non-Individual) Date:/ Place: > Note: Please provide a self-attested PAN CARD photo copy FOR OFFICE USE ONLY Documents Accepted by: Documents Verified by: ch Code (if applicable) e of the Employee oyee Code	Hence, request yo I/We hereby decla belief and I/We u found to be false information / deta	u to do the are that ndertak e or un ails / doo	ne needful and comm the details furnishe e to inform you of a true or misleading, cumentation require	unicate the same to me/us d above furnished are tru any changes therein, im , I/We am/are aware tha ed by you; I/We give my/o	e at the earliest. Le and correct mediately. In t I/We be held our commitme	to the be case any d liable f nt to adh	est of my/our knowled of the above informator it. In case of any face to the same.				
Signature of Client /Authorised Signatory (with rubber stamp in case of Non-Individual) Date:/ Place: > Note: Please provide a self-attested PAN CARD photo copy FOR OFFICE USE ONLY Documents Accepted by: Documents Verified by: ch Code (if applicable) e of the Employee loyee Code											
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