

Request Letter for activation of Dormant Trading Account

Date: _____

To:

M/s Inventure Growth & Securities Ltd (IGSL)
 201, Viraj Towers, Near Land Mark,
 W.E. Highway, Andheri (E),
 Mumbai- 400069

Dear Sir,

SUB: Request for reactivation of the Trading Account.

Ref: Client / Trading Account No: _____

I/We, having the above referred Trading Account maintained with you based on duly filled and signed Client Registration Form along with the relevant KYC supporting documents provided by me/us at the time of Opening the Trading Account. Due to some unavoidable reasons, I/we could not place/execute any trades/orders in the said account, since last 12 months, resulting in the account been kept under "Inactive" mode at your end as "Dormant Account". However, I/we have decided to start the trading activity and hence request you to kindly "Reactivate" the Account to enable us to trade in the account.

1. I request you to activate my/our Trading Account for the following Trading Segments: (Please sign for the segments you want to activate)

Stock Exchange	Market Segment/s		
NSE	Cash	F&O	Currency
BSE	Cash	F&O	Currency
MSEI	Cash	F&O	Currency

2. I am enclosing here with the proof for latest financial information. **(Compulsory for activation of trading in F&O & Currency segments- any one)**

- Latest IT Return Networth Certificate Last Six Months Bank Statement
 Latest DP Holding Statement Form 16/ Latest Salary Slip Latest Balance Sheet

3. I have read & understood the Right & Obligation, Risk Disclosure Documents, Policies and Procedures, Do's & Don'ts etc. available in your web-site in English & vernacular language as applicable to current trading practices and I agree to abide by the same.

4. I confirm that there is no change in my/our key KYC details like, Address, PAN Number, ID Proof, and Telephone Number, Depository and Bank Account for all Pay-in and Pay-out obligations etc.,

OR

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

***Application for Changes in Client Master, KRA & CKYCR- Please Contact to our AOT Team of IGSL (TRADING & DP) on 022-71148500
 Ext: - 595/645 & writer on email: - crm@inventuregrowth.com / avinash.bhosale@inventuregrowth.com.**

5. I / We herewith are attaching latest copies of below mentioned documents with self-attested:

- Pan Card
- Aadhar Card
- Address Proof (if its differ other than Aadhar details)
- Bank Statement & cancelled cheque
- Financial Proof (Compulsory for trading in F&O & Currency segment)

6. KYC details for Client (Mandatory to field by client)

Name			
Address			
Phone No.			
Mobile No. (Mandatory)			
E-Mail ID (Mandatory)			
Income Range (Per Annum) (Tick Mark)	Below Rs.1lac	Rs.5 lacs to Rs.10 lacs	Above Rs.25 lacs
	Rs.1 lac to Rs.5 lac	Rs.10 lacs to Rs.25 lacs	
Value of Investment			
Net worth (Company)	Rs. _____ as on ____ / ____ / _____ Rs. ____ lacs as certificated as end ____ 20__		
Trading Activities	Investment	Arbitrage	Trading
* Number of years of investment/trading experience:			
B. Please tick, if applicable: Politically Exposed Person (PEP)/ Related to a Politically Exposed Person (PEP)			
C. Whether you wish to avail of the facility of internet trading/wireless technology (please specify):			
H. NOMINATION DETAILS (for individuals only)			
<input type="checkbox"/> I/We wish to nominate		<input type="checkbox"/> I/We do not wish to nominate	
Name of Nominee:		Relationship with the nominee:	
Address and phone no. of the Nominee:			
PAN of Nominee:		Date of Birth of Nominee:	
If nominee is minor, details of guardian:			
Name, address and phone no of guardian:		Signature of guardian	

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/We undertake to inform you any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading, I/We am/are aware that I/We be held liable for it. In case of any further 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:

For Office Use Only

	<u>In person Verification done by:</u>	<u>Documents Verified with originals by:</u>
<i>Branch Code (if applicable)</i>		
<i>Name of the Employee/AP</i>		
<i>Employee Code/AP Code</i>		
<i>Designation of the Employee</i>		<u>Activation Done by:</u>
<i>Date</i>		
<i>Signature</i>		