

ACCOUNT REACTIVATION FORM

Date: ____ / ____ / ____
Investmentor securities Ltd
B- 37-38, 2ND Floor,
Ajanta Com. Center
Ashram Road,
Ahmedabad- 380014

Dear Sir/Madam,

RE: Activation of Dormant Account

I/We undersigned, hereby request you to reactivate my/our account as detailed below:

Unique Client Code : _____

Name : _____

Address : _____
: _____
: _____
: _____

Email : _____

Phone – Please specify STD Codes

Phone(R) : _____ Mobile : _____

Yours faithfully,

Client Signature

Pls Compulsory attached below proof with this Application

1. Pan Card 2. Adress Proof 3. Bank Detail With MICR

For Office Use Only (Tick as Appropriate)

Customer's KYC complete?

Signature Verified Y/N
Proof of Address Verified Y/N
Proof of Identity Verified Y/N
Proof of PAN Verified Y/N

KYC Officer
Approval
Name -----

Designated/Senior Person's
Name -----

Signature -----

Signature -----