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Email: wecare@tradebulls.in | Website: www.tradebulls.in

Date:/	
Reactivation Request of Trading Account	
Namo	
Name:Address:	
To, Tradebulls Securities (P) Limited Ahmedabad	
Sub: Request for reactivation of my Client Code for trading (KYC Client Code)	
Dear Sir	
I request you to reactivate my client ID for trading in BSE / NSE / MSEI / MCX / NCDEX Exchange.	
I hereby declare that :	
a. There are no changes in my Know Your Clients details submitted earlier.	
b. There are changes in my Know Your Clients	
I assure to keep you informed in writing any changes in my Know Your Clients details in future.	
Kindly do the needful at the earliest.	
Yours faithfully,	
(client signature)	
Client Name :	
Name & Signature of Branch head:	
Name & Signature of Authorized Person:	

Application No:





KNOW YOUR CLIENT (KYC) | APPLICATION FORM (FOR INDIVIDUALS ONLY)

Please fill the form in ENG and mandatory only if pro	GLISH and in BLOCK letters Fields marked * are mandatory Fields marked + are pertaining to CKYC occessing CKYC also				
Application Type*	New KYC Modification KYC				
KYC Mode	Normal EKYC OTP EKYC Biometric Online KYC Offline EKYC Digilocker				
A. IDENTITY DETAILS					
PAN*	Please enclose a duly attested copy of your PAN Card				
Name* (same as ID proof) Maiden Name (if any)	PHOTOGRAPH				
Fathers/Spouse's Name*	Paste color passport size				
·	photo & sign				
Date of Birth*	DD / MM / YYYY across it				
Gender*	Male Female Transgender 2/15 Signature of 1st Holder				
Nationality*	Indian Other				
Marital Status*	Single Married				
Residential Status*	Resident Individual Non Resident Indian Foreign National				
	Person of Indian Origin Passport mandatory for NRIs & Foreign Nationals. PIO selection is only for CKYC & not for KRAKYC. Select NRI or Foreign National based on Nationality of the individual				
	A - Aadhaar				
	B - Passport Number (Expiry Date)				
Proof of Identity (POI) submitted for PAN exempted cases	C - Voter ID Card				
	D - Driving License (Expiry Date)				
	E - NREGA Job Card				
(Please Tick)	F - NPR				
	Z - Others (any document notified by Central Government)				
	Identification Number				
B. ADDRESS DETAILS*					
1. Correspondence/ Local Address*					
City/Town/Village*	District* Pin Code*				
State*	Country*				
Address Type*	Residential/Business Residential Business Registered Office Unspecified				
2. Permanent Address (if different from above 1 / Overseas*) (Mandatory for NRI Applicant)					
City/Town/Village*	District* Pin Code*				
State*	Country*				
Address Type*	Residential/Business Residential Business Registered Office Unspecified				
	3/15 Signature of 1st Holder				

Proof of Address* (attested copy of any 1 POA for correspondence and	A - Aadhaar					
	B - Passport Number	(Expiry Date)				
	C - Voter ID Card					
	D - Driving License	(Expiry Date)				
	E - NREGA Job Card					
permanent address each to be submitted)	F - NPR					
each to be submitted)	Z - Others		(any document notified by Central Government)			
	Identification Number					
C. CONTACT DETAIL	IS (in CAPITAL)					
Email ID*	LS (III GAI TIAL)					
Mobile No*						
Tel (Off.)		Tel (Res	5.)			
		10.0	,			
D. OCCUPATION DE	TAILS					
☐ S-Service (☐ F	Private Sector Public Sector	☐ Govt Sector)				
☐ O-Others (☐ F	Professional 🗌 Self Employed	d Retired H	lousewife Student)			
☐ B-Business ☐ X-Not Categorised						
E. APPLICANT DECI	LARATION					
I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/We are aware that I/We may be held liable for it. I/We hereby consent to receiving information from CVL KRA and CKYC through SMS/Email on the above registered number/Email address.						
I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only.						
Applicant 🛌		Applicant	\			
e-SIGN 4/15		Wet Signa				
Place		Date	DD / MM / YYYY			
1 1000		Bato	557 11117			
F. FOR OFFICE USE						
In-Person Verification (IPV) carried out by*			Intermediary Details*			
	DD / MM / YYYY		ertified document copies received (OVD)			
Emp. Name		True C	Copies of documents received (Attested)			
Emp. Code		AMC/Inter	rmediary			
Emp. Designation		Name				
Em	nployee Signature & Stamp		Tradebulls Securities (P) Limited			
Em	nployee Signature & Stamp		Tradebulls Securities (P) Limited Seal/Stamp of the Intermediary			