

## Undertaking of Trading Account for Reactivation

(To be taken in the letterhead in case of non – individual client)

**Date:**

**To,**  
**Tradewell Securities Limited**  
**Flat No.204,Anushka trendz**  
**BN Reddy colony,Road no.14**  
**Banjarahills, Hyderabad-500034.**

**Sir,**

I/we \_\_\_\_\_ (Name of the client individual / Non –individual),  
having trading account with Unique Client Code \_\_\_\_\_ allotted to me/us by your  
broking house situated at \_\_\_\_\_(Branch name) since \_\_\_\_\_(date  
of activation of the account)

I/we am / are not trading in Securities / Derivatives contracts on the Equities / Equity Deriva  
tives / currency Derivatives trading platform since \_\_\_\_\_(Last trade rate).  
However, I / we am / are desirous to start trading again in securities, Derivatives contracts  
On the Equities / Equity Derivatives / Currency Derivatives platform. In this regard, you are  
requested to reactive my /our trading account and allow trading with immediate effect .

I/we here undertake that:

1. I/we have completed all the KYC formalities and submitted all the required documents  
thereof (Proof of identity, Address Proof ,Bank Proof ,PAN etc. ), at the time of  
Opening the trading account originally and enrolling as a client with you.
2. There are no changes in respect of my /our Address ,Bank account , PAN details, as  
Provided to you earlier. Further, there is no material change in the other information  
Provided to you in KYC Form

I/we declare that the information given above is true to my/our Knowledge. I/we therefore,  
request you that the requirement of fresh KYC may not be instead upon

Yours Faithfully,

Name of the client \_\_\_\_\_

Signature of the client \_\_\_\_\_

# TRADEWELL SECURITIES LIMITED

Regd. Off.: D.No.29-2-10/A, Ground Floor, Rama Mandiram St., Governor pet, Vijayawada-520002  
 Corporate Office: Flat No.204, Anushka trendz, BN Reddy Colony, Road No.14, Banjara hills, Hyderabad-500034

## CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual

### Important Instructions:

- A) Fields marked with "\*" are mandatory fields.  
 B) Please fill the form in English and in BLOCK letters.  
 C) Please fill the date in DD-MM-YYYY format.  
 D) Please read section wise detailed guidelines / instructions at the end.  
 E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.  
 F) List of two character ISO 3166 country codes is available at the end.  
 G) KYC number of applicant is mandatory for update application.  
 H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

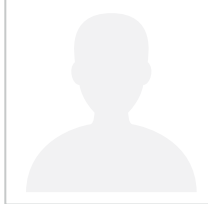


**For office use only** Application Type\*  New  Update  
 (To be filled by financial institution) KYC Number  (Mandatory for KYC update request)  
 Account Type\*  Normal  Simplified (for low risk customers)  Small

### 1. PERSONAL DETAILS (Please refer instruction A at the end)

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (if any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/> )		
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian		
	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin		
Occupation Type*	<input type="checkbox"/> S-Service ( <input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Sector	
	<input type="checkbox"/> O-Others ( <input type="checkbox"/> Professional	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Retired <input type="checkbox"/> Housewife	<input type="checkbox"/> Student
	<input type="checkbox"/> B-Business			
	<input type="checkbox"/> X- Not Categorised			

**PHOTO**



Signature / Thumb Impression

### 2. TICK IF APPLICABLE RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED\* (Mandatory only if section 2 is ticked)  
 ISO 3166 Country Code of Jurisdiction of Residence\*   
 Tax Identification Number or equivalent (If issued by jurisdiction)\*   
 Place / City of Birth\*  ISO 3166 Country Code of Birth\*

### 3. PROOF OF IDENTITY (PoI)\* (Please refer instruction C at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

<input type="checkbox"/> A- Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>		
<input type="checkbox"/> C- PAN Card	<input type="text"/>		
<input type="checkbox"/> D- Driving Licence	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> E- UID (Aadhaar)	<input type="text"/>		
<input type="checkbox"/> F- NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>
<input type="checkbox"/> S- Simplified Measures Account - Document Type code	<input type="text"/>	Identification Number	<input type="text"/>

### 4. PROOF OF ADDRESS (PoA)\*

#### 4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Address Type*	<input type="checkbox"/> Residential / Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Unspecified
Proof of Address*	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> UID (Aadhaar)		
	<input type="checkbox"/> Voter Identity Card	<input type="checkbox"/> NREGA Job Card	<input type="checkbox"/> Others	<input type="text"/> please specify	
	<input type="checkbox"/> Simplified Measures Account - Document Type code	<input type="text"/>			

### Address

Line 1\*   
 Line 2   
 Line 3  City / Town / Village\*   
 District\*  Pin / Post Code\*  State / U.T Code\*  ISO 3166 Country Code\*

**4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS \*** (Please see instruction **E** at the end)

 Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')

Line 1*												
Line 2												
Line 3	City / Town / Village*											
District*	Pin / Post Code*				State / U.T Code*				ISO 3166 Country Code*			

 **4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES\*** (Applicable if section 2 is ticked)

 Same as Current / Permanent / Overseas Address details  Same as Correspondence / Local Address details

Line 1*												
Line 2												
Line 3	City / Town / Village*											
State*	ZIP / Post Code*				ISO 3166 Country Code*							

 **5. CONTACT DETAILS**

Tel. (Off)					Tel. (Res)					Mobile							
FAX					Email ID												

 **6. DETAILS OF RELATED PERSON** (In case of additional related persons, please fill 'Annexure B1') (please refer instruction **G** at the end)

 Addition of Related Person  Deletion of Related Person  KYC Number of Related Person (if available\*)

Related Person Type*	<input type="checkbox"/> Guardian of Minor		<input type="checkbox"/> Assignee		<input type="checkbox"/> Authorized Representative	
Name*	Prefix	First Name	Middle Name	Last Name		

(If KYC number and name are provided, below details of section 6 are optional)

**PROOF OF IDENTITY [PoI] OF RELATED PERSON\*** (Please see instruction **H** at the end)

<input type="checkbox"/> A- Passport Number					Passport Expiry Date	DD - MM - YYYY			
<input type="checkbox"/> B- Voter ID Card									
<input type="checkbox"/> C- PAN Card									
<input type="checkbox"/> D- Driving Licence					Driving Licence Expiry Date	DD - MM - YYYY			
<input type="checkbox"/> E- UID (Aadhaar)									
<input type="checkbox"/> F- NREGA Job Card									
<input type="checkbox"/> Z- Others (any document notified by the central government)					Identification Number				
<input type="checkbox"/> S- Simplified Measures Account - Document Type code					Identification Number				

 **7. REMARKS (If any)**(All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction **F** at the end)


**8. APPLICANT DECLARATION**

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake 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 aware that I may be held liable for it.

[Signature / Thumb Impression]

I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.



Date : DD - MM - YYYY Place :

Signature / Thumb Impression of Applicant

**9. ATTESTATION / FOR OFFICE USE ONLY**

 Documents Received  Certified Copies

**KYC VERIFICATION CARRIED OUT BY**

Date	DD - MM - YYYY
Emp. Name	
Emp. Code	
Emp. Designation	
Emp. Branch	

[Employee Signature]

**INSTITUTION DETAILS**

Name	TRADEWELL SECURITIES LTD
Code	IN0150



[Institution Stamp]