



Suggested Format of Undertaking for reactivation of client's trading account
(To be taken on the letter head in case of non-individual client)

Date: _____

To,
Rudra Shares & Stock Brokers Ltd.,
Member: NSE, BSE, MSEI, MCX, NCDEX
Regd. Office:15/63, Civil Lines, Adjoining Krishna Tower, Kanpur-208001
Corp. Office: 15/63, Civil Lines, Adjoining Krishna Tower, Kanpur-208001

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; have not been trading in your trading platform since last 12 (twelve) continues calender, hence marked as Inactive/Dorman. However, I/we am/are desirous to trading again in your trading platform.

I/we hereby undertake that:

1. I/We have completed all the KYC format 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 providing to you earlier. Further, there is no material change in the other information provided to you in KYC Form.

My/Our some other updated details are as given below -

| | |
|--|---|
| Annual Income Range: <input type="checkbox"/> Below Rs. 1 Lac <input type="checkbox"/> Rs 1-5 Lac (Pl. tick to applicable) <input type="checkbox"/> Rs 5-10 Lac <input type="checkbox"/> Rs 10-25 Lac <input type="checkbox"/> Rs 25-1 Cr. <input type="checkbox"/> More than Rs 1 Cr. | Occupation: <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Farmer <input type="checkbox"/> Others (Specify) |
|--|---|

NETWORTH..... AS ON DATE(.....)

I/We request to carry out the change of address / signature in the KRA and demat account

I/We request you to make the following additions / modifications / deletions to my/our account in your records.

| DETAILS (Please specify change of address, bank details, telephone number etc.) | Addition / Modification / Deletion (Please specify) | Existing Details | New Details |
|--|--|------------------|-------------|
| In Case of change in Bank Details, mention the Bank status. | | | |
| Primary <input type="checkbox"/> Secondary <input type="checkbox"/> | | | |
| | | | |

Attach an Annexure (with signature (s) if the space above is found insufficient.

 _____ _____ _____
 Sole / First Holder Second Holder Third Holder

Place : Date :

* In Primary account fund payout will be transferred by default.

Depository Participant Seal and Signature