



ACCOUNT REACTIVATION FORM

Date: __/__/_____

To,
M/s. Hem Multi Commodities Pvt. Ltd.
Account Opening Department,
210, Jaipur Tower, M.I. Road,
Jaipur- 302001, Rajasthan.

Dear Sir/ Madam,

I/ We _____ request you to reactivate my/ our account with Hem Multi Commodities Pvt. Ltd. My/ Our account details are as below:

Trading Code: _____ Demat Account No.: _____

[] I/ We hereby confirm and undertake that i/we have completed all the KYC formalities and submitted all the required documents at the time of Account opening and there is no material changes in the information provided to you in KYC form.

OR

[] The details as given in attached Modification Form is required to be updated in your records.

Further, I/ We undertake that I/ we shall indemnify and keep indemnified Hem Multi Commodities Pvt. Ltd., its Directors and its employees from and against any loss, claims, liabilities, obligations, damages, deficiencies, actions, suits, proceedings or liability suffered or incurred or fastened due to any incorrect, wrong, false, misleading representations provided/ disclosed by me/ us to Hem Multi Commodities Pvt. Ltd.

Table with 4 columns: Name, Signature of Client, FIRST/ SOLE HOLDER, SECOND HOLDER, THIRD HOLDER

Note:

- a. Form should be signed by all the Account holder(s).
b. Please mention N.A for whatever is not applicable and strike-off wherever unfilled.
c. Self- attested Copy of PAN Card and Address proof is mandatory required to be submitted.
d. All the documents must be self-attested.
e. Form should be filled in CAPITAL letters only

FOR OFFICE USE ONLY

Table with 3 columns: Branch Code & Branch Name, Checked By, Verified By

Please note that you can call us on our helpline no. 0141-4051070 or mail us at helpdesk@hemsecurities.com