

## **Reactivation Process For Individual**

### **Required Form & Documents**

- Individual KRA Form (Photo affix & Signature across Photos)
- Modification form (for any changes or new addition)  
(Necessary Documents provide for Modification)
- PAN CARD
- AADHAR CARD

(Note: All Documents should be self-attested & In person Verification by AP)

( Please go through next pages)

**SAFAL CAPITAL (INDIA) LIMITED**

Regd. Office: 238, Chitvan Society, Opp. Abhijot Harmony, Gala Gymkhana Road, Bopal, Ahmedabad-380058

Please fill this form in ENGLISH and in BLOCK LETTERS ☐ NEW ☐ CHANGE ☐ EXISTING (Please tick ✓ the appropriate)  
(Please tick ✓ the box on left margin of appropriate row where CHANGE / CORRECTION is required and provide the details in the corresponding row)



KYC Regd. No.

**A IDENTITY DETAILS**

1. Name of Applicant

2. Father's/Husband's Name

3. Mother's Name

4a. Gender ☐ Male ☐ Female4b. Marital Status ☐ Single ☐ Married

4c. Date of Birth

d d / m m / y y y y

5a. Nationality ☐ Indian ☐ Other (Please specify)5b. Status ☐ Resident Individual ☐ Non Resident ☐ Foreign National

6a. PAN

6b. Aadhaar Number, if any:

7. Occupation (please tick any one and give brief details)

☐ Private Sector ☐ Public Sector ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Others (Please specify)

8. Specify Proof of Identity submitted

☐ PAN card☐ Any Other (Please specify)

Please affix  
your recent passport  
size photograph

Signature  
across photograph

**B ADDRESS DETAILS**☐ Correspondence Address☐ Residence Address

1. Residence / Correspondence Address

City / Town / Village

State

Country I N D I A

Pin Code

2. Specify the Proof of Address submitted for Residence / Correspondence Address :

3. Contact Details

E-mail Id

Mobile No

Tel. (Off.)

Tel. (Res.)

4. Permanent Address (If different from above mandatory for Non-Resident Applicant to specify overseas address)

City / Town / Village

State

Country I N D I A

Pin Code

5. Specify the proof of address submitted for permanent address.

**C 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.

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

Date d d / m m / y y y y

Place :



Signature of the Applicant

**FOR OFFICE USE ONLY**1. ☐ Originals verified and Self-Attested Document copies received**In Person Verification (IPV) Details:**

a) Name of the person doing IPV: \_\_\_\_\_

2.

b) Designation: \_\_\_\_\_

c) Name of the Organization: \_\_\_\_\_

Seal/Stamp of the Intermediary

Name &amp; Signature of the Authorised Signatory

Date d d / m m / y y y y



SAFAL CAPITAL (INDIA) LIMITED

Ahmedabad Office: 350/A New Cloth Market, Sarangpur, Ahmedabad.380 002, Gujarat.

**Account Details Addition/ Modification Request Form Trading & DP A/c**

Date: \_\_\_\_\_

Dear Sir / Madam

I/ We request you to make the following addition /modification to my /our Trading and Demat account in your records.

**Account Holder's Details**

Please fill all the details in BLOCK Letters in English, Please mark (✓) on the appropriate column.

Client Name:										PAN No:									
DP Details	12026200									Trading Code									

Modification for ☐ Trading A/c ☐ Demat A/c ☐ Both**(1) Contact Details Modification**

	Existing Details	New Details
Modification		
EMAIL ID <input type="checkbox"/>		
MOBILE NO <input type="checkbox"/>		

**(2) Bank Details**

	Existing Details	New Details
		Default <input type="checkbox"/> YES <input type="checkbox"/> No
Bank Name & Address , A/c No, A/c Type, MICR Code , IFSC Code,		

Copy of cheque with name printed, copy of bank passbook, copy of bank statement of accounts duly attested by bank authorities not older than 3 months with cancelled cheque.\* We mark Default, if you are not mentioned any comment

**(3) Address Modification**

	Existing Details	New Details
Modification		
Correspondence <input type="checkbox"/>		
Permanent <input type="checkbox"/>		

New KRA form &amp; Copy of Ration Card, Passport, Voted ID card, Driving License, Bank Passbook, Electricity Bill Telephone Latest Bill- Land line

**(4) Segment Activation**

Name Of Exchange	SIGN	SQUARE-UP BRKG %		DELIVERY / FUTURE BRKG %		OPTION BRKG (PER LOT)
		NORMAL	MIN	NORMAL	MIN	
NSE / BSE CAPITAL						
NSE /BSE FUTURE						
NSE /BSE CURRENCY						

Client Name	First / Sole Holder	Second Holder	Third Holder
Signature			

Name(S) of Holder(S)	Signature

**Format of Undertaking for Re-activation of Trading Account**

Date:

To,  
**Safal Capital (India) Ltd.**  
238, Chitvan Society,  
Opp. Abhijyot Harmony,  
Gala Gymkhana Road, Bopal  
Ahmedabad.380058

Sir,

I \_\_\_\_\_ (Name of the client) having Trading  
Account with Unique client code \_\_\_\_\_ and Demat Account No  
12026200 \_\_\_\_\_ allotted by Safal Capital (India) Ltd. I am not done any trade and  
transaction in any segment more than last 12 months. However, I requested to you kindly reactive  
my trading account.

Yours Faithfully,

(Signature of the Client)  
Name of the client & Client Code