

ACCOUNT REACTIVATION FORM

All the documents mus	ch Name	Checked By Checked By	Verified By Verified By Verified By
All the documents must	<u>-Y</u>	Checked By	Verified By
All the documents must	<u>-Y</u>		
All the documents must	<u>-Y</u>		
1101L: Ticasc mention i	be self attested in ori	iginal. Form should be fille	d in CAPITAL letters only
NOTE: Please mention N		licable and strike-off whereve	
	Note: All	account holder(s) need	l to sign.
Signature(s)	First/Sole Holder	Second Ho	older Third Holder
Name(s)			·
Employees from and proceedings or liabilit	against any loss, clay suffered or incurr	aims, liabilities, obligatio	ulls Securities Limited , its Directors and it ons, damages, deficiencies, actions, suits any incorrect, wrong, false, misleadin mited.
Landline # 2 (STD code	<u>;)</u>	(Number)	•
Landline # 1 (STD code	<u>;)</u>	(Number)	
Mobile No		E-mail ID	
I/We hereby confirm th	at following are my/ou	ur contact details to be up	dated in your records:
Trading ID			
I/We request you to re	activate my/our accou	nt with Indiabulls. My/Our	account details are as follows:
Dear Sir/Madam,	,	•	
Account Opening Depa Indiabulls House, 448-4 Udyog Vihar, Phase V,	nber (CIN): L74999DL [.] rtment, 451,		
INDIABULLS SECURITI Corporate Identity Num			

Please note that you can call us on our helpline no 0124-4572444 or mail us at helpdine no 0124-4572444 or mail us at helpdine no 0124-457244 or mail us at helpdine no 0124-457244