

**Undertaking for Reactivation of Trading Account – Individual**

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

To,

Sky Commodities India Pvt Ltd,  
40-49, IG TOWERS, DEVANGAPET 3RD STREET, FLOWER MARKET, COIMBATORE 641001.

Dear Sir,

I/we \_\_\_\_\_ (name of the client-Individual/Non-individual),  
having trading account with Unique Client Code \_\_\_\_\_ allotted to me/us by you.

I/we am/are not trading in MCX/NSE trading platform for few months and I/we am/are desirous to start trading again in MCX/NSE. In this regard, you are requested to reactivate my/our trading account and allow trading with immediate effect.

I/we hereby 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 & Contact details, as provided to you earlier. Further, there is no material change in the other information provided to you in the 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 insisted upon.

Yours Faithfully,

\_\_\_\_\_  
(Name of the Individual Client)

\_\_\_\_\_

**OTHER ACCOUNT RELATED DETAILS**

**A. OTHER DETAILS**

**1. Gross Annual Income Details (please specify) :**

Income Range per annum :  Below Rs.1 Lac  Rs.1-5 Lac  Rs.5-10 Lac  Rs.10-25 Lac  > Rs.25 Lacs **(OR)**

**Networth as on** (date) \_\_\_\_\_ (Rs. \_\_\_\_\_) (Net worth should not be older than 1 year)

<b>2. Occupation</b> (Please tick any one and give brief details)	<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) _____			
Name of Employer/ Establishment					
Designation					Period of Service :
Address (Office)					
Contact details (Office)	Phone :				Fax :
	E-mail :				

<b>3. Please Tick, as Applicable</b>	<input type="checkbox"/> Politically Exposed Person (PEP)	/	<input type="checkbox"/> Related to a Politically Exposed Person (PEP)
	<input type="checkbox"/> Not a Politically Exposed Person (PEP)	/	<input type="checkbox"/> Not Related to a Politically Exposed Person (PEP)

**4. Any other information :** \_\_\_\_\_  
 \_\_\_\_\_

**DECLARATION**

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



**Signature of Client**

Name of the Client : \_\_\_\_\_

Client Code : \_\_\_\_\_

Place : \_\_\_\_\_

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