

ACCOUNT REACTIVATION FORM

To,			Date: / /		
Indiabulls Ventures Limite Formerly Indiabulls Secur Corporate Identity Number Account Opening Departer Indiabulls House, 448-45 Udyog Vihar, Phase V, Gu	rities Limited er (CIN): L74999 nent, 1,				
Dear Sir/Madam,					
I/We request you to reac	tivate my/our acc	count with Indiabulls. My/C	our account details a	are as follows:	
Trading ID		Demat Accou	nt No		
I/We hereby confirm that	following are my	/our contact details to be	updated in your rec	ords:	
Mobile No		E-mail ID			
Landline # 1 (STD code)	(Number)				
Landline # 2 (STD code)		(Number)			
Securities Limited), its I damages, deficiencies, ac	Directors and its ctions, suits, proc representations	Employees from and aga eedings or liability suffered	ainst any loss, claid d or incurred or fast	mited (Formerly Indiabulls ms, liabilities, obligations, ened due to any incorrect, entures Limited (Formerly	
Name(s)					
Signature(s)	First/Sole Holde	Second All account holder(s) ne		Third Holder	
NOTE: Please mention N A		applicable and strike-off where			
		original. Form should be fi		ers only	
FOR OFFICE USE ONLY	:=======	============	========		
Branch Code/Branch	Name	Checked By	Ve	erified By	
Date					
Head Office		Checked By	Ve	erified By	
Date					

Please note that you can call us on our helpline no 0124-4572444 or mail us at helpdesk@indiabulls.com on the 5th working day from the submission of the documents (i.e. if you have submitted the documents on Monday either in the branch or directly to the H.O. then call us on Friday after 2:30 p.m.) to check the status.