

ACCOUNT REACTIVATION FORM

Date:/	_/					
Concept Securit 401,Empire state Near. Udhna Da Surat- 395 002.	e Bld, Ring Road					
Dear Sir/Madam,						
RE: Activation of	of Dormant Accou	unt				
I/We undersigned	d, hereby request	you to reactivate	e my/our account as	s detailed below:		
Unique Client C	ode :					
Name :	JRNAME	FIRST NAM	E	MIDDLE NAM	мE	
			_			
Phone – Please	specify STD Cod	les				
Residence :			Mobile :			
☐ Below ➤ Occupati ☐ Private ☐ Agricu ➤ Please tie Note: To avo you to	on (Please tick and e Sector Service Inturist Int	o □ 5-10 Lac l	☐ 10-25 Lac ☐ >2 ☐ Government Se ☐ Student ☐ Forex posed Person ☐ R difficulties in settir . 10,000/-(Net ame	ervice Business Compared to Dealer Other Related to a Polition By my/our accoun	s(Please specify cally Exposed Pent, I/We hereby	y) erson request
Signature						
Name of Client:		Unique	Client Code:			
Customer's KYO Signature Verific Proof of Addres	C complete? ed Y/N	or Office Use C	Only (Tick as Appro Proof of Identity Proof of PAN Ve	Verified Y/N		
KYC Officer	s Verified Y/N		Designated/Seni		roval	
Name			Name			
			Signature			
<u></u>			Vapping			
Segment	BSECASH	BSEFNO	NSECASH	NSEFNO	NSECDS]
238011	2020,1011					1

Note: -Please take print out of this page, fill up details and send us on our Registered Office.