KYC Head/ Compliance officer, Crown Consultants Private Limited, G-6/7, Amit Industrial Estate, Dr. S. S. Rao Road, Near Gandhi Hospital, Parel, Mumbai - 400 012. e-mail Id: compliance@crownsec.ocm

Dear Sir,

I/We hereby request you to please reactivate my /our account and treat this form as request/intimation for re-activation of the account. I/We hereby confirm that all the information's provided to you with initial account opening are the same except those mentioned below, and //We do agree to abide by the exchange rules and notifications issued till date. No action has been taken against me or my family members/dependent by any of the Exchanges/SEBI/RBI/GOI etc.

I am herein updating all my details along with annexure for all the supporting documents, further to the KYC already signed with AFSL.

Client code					
Name of the Entity					
Type of the entity	Individual	Proprietorship	HUF	Partnership	
	Trust/AOP	Corporate	LLP Others		ers
Segment To Be Activate	NSE CASH	NSE F&O	NCFCIRM		NSE CD
	BSE CASH	BSE F&O	BSE SLBM		
Mobile Number					
E-mail id					
Current Address					
	_				
Current annual Income	Below Rs.1,00,000				
Current annual Income	Rs. 5,00,000 to 10	0,00,000 Rs.10,00,000	to 25,00,000		
Current annual Income	Rs. 5,00,000 to 10 Above Rs.25,00,0	0,00,000 Rs.10,00,000	to 25,00,000		
Current annual Income  Net-worth (in Rs)*	Rs. 5,00,000 to 10	0,00,000 Rs.10,00,000	to 25,00,000		

<sup>\*</sup> For Non-Individual Account Only.

<sup>\*\*</sup> I hereby confirm that there is no change in the structure of the entity since the KYC documents submitted (Strike out, if not applicable)

Thereby submit the details regarding the change in our Directors/Farthers							
Change in directors/partners ( Kindly Submit the form 32 as supporting)         Name of Appointed       Date of       Name of Resigning       Date of							
director/partner	appointment	Director/partner		esignation			
•		-		0			
☐ Change in partnership /sl ☐ Kindly submit the new In ☐ Kindly submit the PAN ☐ ☐ Kindly submit the proof ☐ Form 18 for change in according to the proof ☐	ncome proof & n card of address (if cha	et worth certificate.		ership/shareholding	pattern		
I /we hereby certify that all t and I/we undertake to inform information is found to be fa	n you of any cha	anges therein immed	liately in writ	ing. In case if any			
I/we further undertake that Directors or its employees fr actions, suits, proceedings representations provided /dis	om and against a or liability suffe	any loss, claims, liab red or fastened due t	oilities, obliga o any incorrec	tions, damages, det	ficiencies,		
Any fee/ penalty/ fine impos on me only and shall be dedu			n Crown Cons	sultants Pvt Ltd wil	ll be binding		
Client's Signature (signed by	y at least two of t	the whole-time direc	tors or partne	ers with seal of the e	entity)		
Name of the signatories-							
Place- Date-							
	FO	R OFFICE USE ON	ILY				
Client Code							
Client Name							
Date of Last transaction							
Date of Activation							
Are all account documents are	complete						
Checked by							
Approved by							