

## **REINSTATEMENT REQUEST**

(To be filled by individual (s)  
(Applying singly or jointly)

To  
The Executive Officer,  
Lakhimi Sanchay and Rindan SS.Ltd,  
Dhemaji ,787057 .

I/We request you to REVIVAL my/our account and I/We would like to continue make payment in my/our depositing renewal by cash/chaque. In case of delayed to pay my/our renewals, I/we understand and agrees to pay all sums to be paid along with penal charges under the guidelines of REVIVAL. Account details mentioned below :

(Individuals are advised to avail of REVIVAL facility, whether investing singly or jointly)

### **PARTICULARS :**

Date \_\_\_\_\_ Time \_\_\_\_\_ Account Number \_\_\_\_\_

Share No. \_\_\_\_\_

Name of Account Holder : \_\_\_\_\_

Contact No. (M) \_\_\_\_\_ (Res) \_\_\_\_\_

Reason of delayed payment \_\_\_\_\_

\_\_\_\_\_

Last Payment Date \_\_\_\_\_ Date of Revival: \_\_\_\_\_

Lapsed Amount \_\_\_\_\_ Paying Office \_\_\_\_\_

Penal Rs. \_\_\_\_\_ Total Rs. \_\_\_\_\_

(Rupees \_\_\_\_\_

\_\_\_\_\_ only).

(Contact details provided herein will be updated)

I/We wish to grant my/our Revival/ Reinstatement request form. I/We would like to continue make payment in my/our depositing renewal by cash/cheque.

Date \_\_\_\_\_

Place \_\_\_\_\_

\_\_\_\_\_  
Sign. of Applicant