

Account Closure Request Form

| | |
|----------------------|---|
| Application No. | Date |
| Closure Initiated by | <input type="checkbox"/> EO <input type="checkbox"/> DP <input type="checkbox"/> CDSL |

(To be filed by the BO (in case of BO-initiated closure). Please fill all the details in **Block Letters** in English)

To,
Depository Participant Name
Address

Dear Sir / Madam,

I / We the Sole Holder / Joint Holders / Guardian (in case of Minor) / Clearing Member request you to close my / our account with you from the date of this application. The details of my/our account are given below:

| Account Holder's Details | |
|---------------------------------|----------------|
| DP ID | Client ID |
| Name of the First / Sole Holder | |
| Name of the Second Holder | |
| Name of the Third Holder | |
| Address for Correspondence | |
| City | State PIN |

| Details of remaining security balances in the account (if any) | |
|--|---|
| Reasons for Closing the Account | |
| Balance remaining in the account (if any) to be : | |
| <input type="checkbox"/> partly rematerialised and partly transferred. | <input type="checkbox"/> Rematerialised |
| <input type="checkbox"/> Transferred to another account (Number given below) | <input type="checkbox"/> Not applicable |
| DP ID | Client ID |
| Balance present in account for (To be filled by DP, if applicable) | <input type="checkbox"/> Ear - marked <input type="checkbox"/> Pledged <input type="checkbox"/> Pending for Dematerialisation <input type="checkbox"/> Frozen <input type="checkbox"/> Pending for Rematerialisation <input type="checkbox"/> Lock-in |

DECLARATION: In case of Account Closure due to SHIFTING OF ACCOUNT:
 I/We declare and confirm that all the transactions in my/our demat account are true/ authentic.

| | First / Sole Holder | Second Holder | Third Holder |
|-------------|---------------------|---------------|--------------|
| Name | | | |
| Signature * | | | |

*If DP or CDSL initiates account closure, Signature(s) of account holder(s) not required.
 =====(Please Tear Here)=====

Acknowledgement Receipt

Application No. _____ **Date :-** _____

We hereby acknowledge the receipt of the your instruction for Closing the following Account subject to verification: -

| | |
|---------------------------------|-----------|
| DP ID | Client ID |
| Name of the First / Sole Holder | |
| Name of the Second Holder | |
| Name of the Third Holder | |
| Reason for Closure | |

Depository Participant Seal and Signature

- Instructions to Account Holder(s)**
- o Submit a duly filled RRF if the balances are to be rematerialized.
 - o Submit a duly-filled Delivery Instruction Slip [DIS] (off market instruction slip) if the balances are to be transferred to another Account. This requirement is not applicable in the case of "SHIFTING OF ACCOUNT".