Account Closure Request Form

| Application No. | | | | Date | D | D | М | М | Υ | Υ | Υ | Υ |
|----------------------|------|------|--------|------|---|---|---|---|---|---|---|---|
| Closure Initiated by | □ BO | ☐ DP | ☐ CDSL | - | | | | | | | | |

(To be filled by the BO. Please fill all the details in **Block Letters** in English)

Depository Participant Name Address

Dear Sir / Madam,

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

| my / our account with you from the date of this a | application. The details of my/our account are given below: |
|---------------------------------------------------|--------------------------------------------------------------------------------------|
| Account Holder's Details: TRADING A/C NO |): |
| 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 I |
| Details of remaining security balances in | the account (if any) |
| Reasons for Closing the Account | |
| Balance remaining in the account (if any) to be | |
| ☐ partly rematerialised and partly transferred. | □ Rematerialised |
| ☐ Transferred to another account (Number give | en below) 🔲 Not applicable |
| DP ID | Client ID |
| Balance present in a/c for | ☐ Ear - marked ☐ Pledged |
| (To be filled by DP, if applicable) | ☐ Pending for Dematerialisation ☐ Frozen. ☐ Pending for Rematerialisation ☐ Lock-in. |
| | |

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

^{*}If DP or CDSL initiates account closure, Signature(s) of account holder(s) not required.

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 Closur | e | | | | | | | | | |

Depository Participant Seal and Signature

Instructions to Account Holder(s)

| | C 1 '' | | DDE 16.1 | | | |
|---|----------|-------------|------------|-------------|-------------|----------------|
| 0 | Submit a | dulv-filled | RRF if the | balances ar | re to be re | ematerialized. |

| 0 | Submit a duly-filled transfer form (off market instruction slip) if the balances are to be transferred |
|---|--------------------------------------------------------------------------------------------------------|
| | to another A/c. |