

Ver: Feb 2018

ACCOUNT CLOSURE REQUEST FORM

CDSL DP ID: 12033200

 Trading DP Trading & DP

Date: _____

 Closure initiated by DP CDSL BO (To be filled by the BO. Please fill all the details in Block Letters in English)

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	1	2	0	3	3	2	0	0	0	Client ID (Demat No)							
Name of the First / Sole Holder																	
Name of the Second Holder																	
Name of the Third Holder																	
Correspondence/Permanent Address																	
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 rematerialized and partly transferred. <input type="checkbox"/> Rematerialized																	
<input type="checkbox"/> Transferred to another account (Number given below) <input type="checkbox"/> Not applicable																	
DP ID										Client ID							
Balance present in a/c for (To be filled by DP, if applicable)																	
<input type="checkbox"/> Ear - marked <input type="checkbox"/> Pledged <input type="checkbox"/> Lock-in <input type="checkbox"/> Pending for Dematerialization <input type="checkbox"/> Pending for rematerialization <input type="checkbox"/> Frozen.																	
<small>* If DP or CDSL initiates account closure, Signature(s) of account holder(s) not required. * In cases of transfer cum closure, kindly ensure that the standing instruction is 'Yes' in the transferee's BO a/c.</small>																	

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 Signature	Second Holder Signature	Third Holder Signature
Signature*			

ACCOUNT CLOSURE REQUEST FORM (TRADING)

To,


Angel Broking Pvt. Ltd.

Dear Sir,

I / We the holder of the trading a/c request you to close my/our account with you from the date of this application. The details of my/our account are given below:

Name of client :										Trading kyc code :							
Branch tag and name :						Sub-broker tag :						Sub-broker name :					
Segments for closure: <input type="checkbox"/> BSE <input type="checkbox"/> NSE <input type="checkbox"/> BSE FO <input type="checkbox"/> NSE FO <input type="checkbox"/> MCX <input type="checkbox"/> NCDEX <input type="checkbox"/> MCD <input type="checkbox"/> NSX <input type="checkbox"/> All Segment																	

 Reasons for closing the account Service issue Shifting to competition Not interested in trading Other ()



 Signature of Client

 Branch Approval

 Sub-broker Signature

For Office Use Only

Maker	Checker

Branch Received Stamp	HO Received Stamp
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Acknowledgment Receipt

Date: _____

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

DP ID	1	2	0	3	3	2	0	0	0	Client ID								Trading kyc code :
Name of the First / Sole Holder																		
Name of the Second Holder																		
Name of the Third Holder																		
Reason for Closure																		

Instructions to Account Holder(s): 1. Submit a duly-filled RRF if the balances are to be rematerialized.
 2. Submit a duly-filled transfer form (off market instruction slip) if the balances are to be transferred to another A/c.

Depository Participant Seal and Signature