

Closure Initiated by BO DP CDSL NSDL Br. Code Date

Instructions to Account Holder(s)/Applicant (NSDL & CDSL) :-

- Closure request needs to be signed by ALL the account holders. POA holder (if any) cannot sign the closure request.
- Corrections (if any) have to be authenticated by ALL the holders. Please strike-off as "NA" for details which are not applicable.
- Closure request would be rejected in case of any outstanding charges.
- In case Trading a/c linked to this Demat account, please submit delinking or trading account closure request separately.
- Certified True Copy of Board resolution required in case of 'Corporate account' closure.
- Submit a duly-filled RRF if the balances are to be rematerialized.
- 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".
- In case of transfer cum closure please ensure the following:
 - At least one of the account holder visits the branch.
 - He/she carries a valid original identity proof for verification.
 - Additionally, for obtaining waiver of charges please note:
 - The target account should be in same combination of names and of same type/sub type as source account
 - Submit Client Master List (in crystal format) duly stamped and signed by an official of target DP
 - For CDSL closure, Self attested Demat account holding statement is required

Please fill all the details in **CAPITAL LETTERS** in English

To,
HDFC Bank Ltd. - Depository Services, Empire Plaza I, 4th Floor, LBS Marg, Chandan Nagar, Vikhroli West, Mumbai 400 083.
NSDL (DP ID - IN 300126 / IN 301151 / IN 301549 / IN 300476 / IN 300601 / IN 301436), CDSL (DP ID - 13012400, 13020700)

I / We the Sole Holder / Joint Holders / Guardian (in case of Minor) 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	<input type="text"/>	Client ID	<input type="text"/>
Name of the 1st/Sole holder	<input type="text"/>		
Name of the 2nd holder	<input type="text"/>		
Name of the 3rd holder	<input type="text"/>		
Correspondence Address (Mandatory for CDSL & As per Demat records)	<input type="text"/>		
City / Town / Village	<input type="text"/>	PIN (Mandatory)	<input type="text"/>
State	<input type="text"/>	Mobile No. (Mandatory)	<input type="text"/>

Reason for closing the account (Mandatory) _____

Option A	<input type="checkbox"/> There are no balances/holdings in this account		
Option B	NSDL	<input type="checkbox"/> Transfer the balances / holdings in this account as per details given	<input type="checkbox"/> Transfer to any other account (Submit duly filled Delivery Instruction Slip signed by all holders). <input type="checkbox"/> Transfer to my/our own a/c (Provide target a/c details and enclose Client Master Report of Target A/C duly stamped and signed).
	CDSL	Balance remaining in the A/C (if any) to be:	<input type="checkbox"/> Partly rematerialised and partly transferred. <input type="checkbox"/> Transferred to another account (Number given below) <input type="checkbox"/> Rematerialised <input type="checkbox"/> Not applicable
		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"/> Frozen. <input type="checkbox"/> Lock-in. <input type="checkbox"/> Pending for Dematerialisation <input type="checkbox"/> Pending for Rematerialisation
Target Account Details:		<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL DP ID <input type="text"/>	Client ID <input type="text"/>
Option C (For NSDL Only)	<input type="checkbox"/> Rematerialise / Reconvert (Submit duly filled Remat / Reconversion Request Form-for mutual fund units)		

I / We confirm to have surrendered/destroyed all unutilized delivery instruction slips I / We confirm to have exhausted all delivery instruction slips / misplaced / not traceable

DECLARATION: In case of Account Closure due to **SHIFTING OF ACCOUNTS:** I / We declare/confirm that all transactions are true/authentic.

Signature of First/Sole Holder	Signature of Second Holder	Signature of Third Holder
Name _____	Name _____	Name _____

For Bank Use Only:
Sign of all holders are verified with Demat records.

Bank officer Sign & Emp Code

Signature of one of the account holder in presence of a Bank Staff

Name of the Account Holder	Signature of the Account Holder	Signature of Bank official with Name, Emp Code and Stamp
<input type="text"/>	<input type="text"/>	<input type="text"/>

***If DP or NSDL / CDSL has initiated account closure, Signature(s) of account holder(s) are not required.**

HDFC Bank Demat Closure Form Ver 1.01 - Feb 2015

Acknowledgement Receipt

We hereby acknowledge the receipt of your instruction for closing the following Account (subject to verification)

Date

DP ID	<input type="text"/>	Client ID	<input type="text"/>
Name of the 1st/Sole holder	<input type="text"/>		
Name of the 2nd holder	<input type="text"/>		
Name of the 3rd holder	<input type="text"/>		

Depository Participant Seal & Signature