



Date

D	D	M	M	Y	Y	Y	Y
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 DP ID

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 Client ID (of account to be closed)

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I / We hereby request you to close my / our Demat account with you as per following details:

[illegible]

*** Please tick the applicable option(s):** (*Marked is a Mandatory field)

<input type="checkbox"/> Option A (There are no balances / holdings in this account)											
<input type="checkbox"/> Option B (Transfer the balances / holdings in this account as per details given)	<input type="checkbox"/> Transfer to my / our own account (Provide target account details and enclose Client Master Report of Target Account) <input type="checkbox"/> Transfer to any other account (Submit duly filled Delivery Instruction Slip signed by all holders)	Target Account Details									
		<input type="checkbox"/> NSDL	DP ID								
		<input type="checkbox"/> CDSL	Client ID								
<input type="checkbox"/> Option C [Rematerialise / Reconvert (Submit duly filled Remat / Reconversion Request Form - For Mutual Fund units)]											

*** Please tick the reason for closing the Demat Account: (*Marked is a Mandatory field)**

☐ Moving to new area/abroad where ICICI Bank does not have a branch
 ☐ Unsatisfactory services

☐ High demat charges
 ☐ Stopped trading forever

☐ Consolidation of accounts
 ☐ Others (Please specify) _____

Recovery of dues

<input type="checkbox"/> Direct Debit Please debit my ICICI Bank Account(A/c No.) for recovery of any pending dues against my account	
<input type="checkbox"/> Cheque Payment Cheque Number..... drawn on Bank.....	
<input type="checkbox"/> Cash Payment	

Refund of charges

*Please provide operative Savings Bank account number for refund of pro rata AMC charges (if any). In case of Non ICICI Bank account, please provide a cancelled cheque copy.

[illegible]

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.

V - May 2018

SIGNATURE OF SOLE/FIRST HOLDER

SIGNATURE OF SECOND HOLDER

SIGNATURE OF THIRD HOLDER

Acknowledgement

We hereby acknowledge the receipt of the your request for closing the below mentioned Demat Account subject to verification:

DP ID

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 Client ID

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Demat Account Holder's Name _____

Received by

Bank Official Signature _____ Branch _____ SR No _____

Date

D	D	M	M	Y	Y	Y	Y
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