



ACCOUNT CLOSURE REQUEST FORM

Application No.		Date	D	D	M	M	Y	Y	Y	Y
Closure Initiated by	<input type="checkbox"/> BO <input type="checkbox"/> DP <input type="checkbox"/> CDSL									

(To be filled by the BO. 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 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"/> Pending for Dematerialization					<input type="checkbox"/> Frozen				
										<input type="checkbox"/> Pending for Rematerialisation					<input type="checkbox"/> 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.

===== (Please Tear Here) =====

Acknowledgement Receipt

Application No.:

Date:

We hereby acknowledge the receipt of 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 transfer form (off market instruction slip) if the balances are to be transferred to another A/c.