



INDOC No.	
Application No.	

## State Bank of India

DP ID No. : 13019300

SEBI Regn. No.: IN-DP-CDSL-80-2000

DP Centralised Processing Cell, CMC House, C-18, Bandra-Kurla Complex, Bandra (East), Mumbai 400 051.

• Help Desk: 1800 22 0488 (Toll free for MTNL/BSNL users) / Ph.: 022-26592123 • Fax : 022-26592127 • Email : querydp@sbi.co.in

### ACCOUNT CLOSURE REQUEST FORM (CDSL)

Date 

D	D	M	M	Y	Y	Y	Y
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Closure Initiated by	<input type="checkbox"/> BO	<input type="checkbox"/> DP	<input type="checkbox"/> CDSL
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(To be filled by the BO. Please fill all the details in Block Letters in English)

To  
State Bank of India  
DPCPC - DPID - 13019300  
Mumbai.

Dear Sir / Madam,  
I/We the sole Holder/ Joint Holder / 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	3	0	1	9	3	0	0	BO ID								
Name																	
Signature*																	
	First / Sole Holder								Second Holder				Third Holder				
Address for Correspondence																	
City										State		Pin					
Reasons for Closing the Account																	
Balance remaining in the account (if any) to be :																	
<input type="checkbox"/> Partly rematerialised & Partly transferred <input type="checkbox"/> Rematerialised <input type="checkbox"/> Not applicable																	
<input type="checkbox"/> Transferred to another account																	
DP ID									Client ID								
Status of balance present in a/c for (To be filled by DP, if applicable)										<input type="checkbox"/> Earmarked <input type="checkbox"/> Pledged <input type="checkbox"/> Pending for Dematerialisation <input type="checkbox"/> Frozen <input type="checkbox"/> Pending for Rematerialisation <input type="checkbox"/> Lock-in							

Signature Verified and Certified that all the dues have been recovered

Approved for Closure

Branch Name

for State Bank of India

Branch Code

Signature verified

Name &amp; Signature of Authorised Bank Official

\*If DP or CDSL initiates account closure, signature (s) of account holder (s) not required

#### ACKNOWLEDGEMENT RECEIPT

## State Bank of India

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Application No.

Date 

D	D	M	M	Y	Y	Y	Y
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We hereby acknowledge the receipt of your instruction for closing the following Account Subject to verification :

DP ID								BO ID								
Name																
	First / Sole Holder								Second Holder				Third Holder			
Reasons for Closing the Account :																

Name &amp; Signature of Authorised Bank Official

Branch Name

Branch Code

#### Instructions to Account Holder (s)

Submit a duly-filled RRF if the balances are to be rematerialized.

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