

Office Copy

APPLICATION FOR CLOSING AN ACCOUNT

Sharekhan

by BNP PARIBAS

To,

Sharekhan Ltd

Lodha i Think Techno Campus, 10th Floor, Beta Bldg,
Off JVLR, Kanjur Marg, Mumbai - 400 042.
Tel : 022-61151111, Fax : 022 - 6748 1899
DP ID:IN300513

For Trading and DP Accounts

Date	D	D	M	M	Y	Y	Y	Y
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- I/We hereby request you to close my/our Trading account with you : _____
- All Segment Equity / Currency Derivative / F&O
- I/We hereby request you to close my/our DP account with you:

We undertake to indemnify and reimburse Sharekhan for any losses/cost which the company may incur on account of our transactions and it will be fully binding on my/our heirs/nominees.

Name of the holder(s)	
Sole/First Holder	
Second Holder	
Third Holder	

- Reason/s for Closure of depository account _____
- Please tick the applicable option(s)

<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)	Target Account Details <table border="1"> <tr> <td><input type="checkbox"/> NSDL</td> <td>DP ID</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td><input type="checkbox"/> CDSL</td> <td>Client ID</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	<input type="checkbox"/> NSDL	DP ID									<input type="checkbox"/> CDSL	Client ID								
	<input type="checkbox"/> NSDL	DP ID																				
<input type="checkbox"/> CDSL	Client ID																					
	<input type="checkbox"/> Transfer to any other account (Submit duly filled Delivery Instruction Slip signed by all Holders)																					
<input type="checkbox"/> Option C [Rematerialise / Reconvert (Submit duly filled Remat / Reconversion Request Form-for mutual fund units)]																						

	Sole/First Holder	Second Holder	Third Holder
6. Signature(s)			

For Office Use :
 Scrutinizer : _____
 Maker : _____
 Checker : _____

BRANCH STAMP

HO STAMP

Signature of the Authorised Signatory
 Date

Seal/ Stamp of Participant

Note : Please do submit Separate application for Product Deactivation

For any Assistance you may kindly contact your request to Sharekhan Branch or Dial Customer Care at (1-800-22-7500) Toll-Free / 3030 7600 (Local Call Charges) or write to us myaccount@sharekhan.com
 *Compliance Officer - Mr. Joby John Meledan - Email : compliance@sharekhan.com, Contact No. 022-6115000 | *For Complaints email at igc@sharekhan.com