

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 (in case of BO-initiated closure). 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 rematerialised and partly transferred.						<input type="checkbox"/> Rematerialised							
<input type="checkbox"/> Transferred to another account (Number given below)						<input type="checkbox"/> Not applicable							
DP ID						Client ID							
Balance present in account 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					

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.

	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 Hear)=====

Acknowledgement Receipt

Application No. _____ **Date :-** _____

We hereby acknowledge the receipt of the 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 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".