

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)

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:

Closure to be effected in:		<input type="checkbox"/> Trading account		<input type="checkbox"/> Depository account		<input type="checkbox"/> Trading + Depository account	
DP ID		Client ID					
Common Client Code							
Segments to be closed	<input type="checkbox"/> All <input type="checkbox"/> Cash <input type="checkbox"/> Derivative /F&O <input type="checkbox"/> Currency Derivative <input type="checkbox"/> MF & IPO <input type="checkbox"/> SLBM						
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)							
Reason 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"/> Pending for Dematerialisation <input type="checkbox"/> Pending for Rematerialisation		<input type="checkbox"/> Pledged <input type="checkbox"/> Frozen <input type="checkbox"/> Lock-in				

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..

Maker:

Checker:

----- Please tear here -----

Acknowledgement Receipt

Application No.

We hereby acknowledge the receipt of the your instruction for Closing the following Account subject to verification:

DP ID		Client ID					
Common Client Code							
Segments to be closed	<input type="checkbox"/> All <input type="checkbox"/> Cash <input type="checkbox"/> Derivative /F&O <input type="checkbox"/> Currency Derivative <input type="checkbox"/> MF & IPO <input type="checkbox"/> SLBM						
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)

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