

**Account Closure Request Form – CDSL CUM TRADING A/C**

|                      |                             |                             |                               |  |  |  |  |  |  |  |
|----------------------|-----------------------------|-----------------------------|-------------------------------|--|--|--|--|--|--|--|
| Application No.      |                             | Date                        |                               |  |  |  |  |  |  |  |
| 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)

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:

**TRADING A/C NO.**\_\_\_\_\_

|                                                                              |          |          |          |          |          |          |          |          |                  |  |  |  |  |
|------------------------------------------------------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|------------------|--|--|--|--|
| <b>Account Holder's Details</b>                                              |          |          |          |          |          |          |          |          |                  |  |  |  |  |
| <b>DP ID</b>                                                                 | <b>1</b> | <b>2</b> | <b>0</b> | <b>6</b> | <b>1</b> | <b>1</b> | <b>0</b> | <b>0</b> | <b>Client ID</b> |  |  |  |  |
| <b>Name of the First / Sole Holder</b>                                       |          |          |          |          |          |          |          |          |                  |  |  |  |  |
| Name of the Second Holder                                                    |          |          |          |          |          |          |          |          |                  |  |  |  |  |
| Name of the Third Holder                                                     |          |          |          |          |          |          |          |          |                  |  |  |  |  |
| Address for Correspondence                                                   |          |          |          |          |          |          |          |          |                  |  |  |  |  |
| City                                                                         |          |          |          |          |          |          |          |          |                  |  |  |  |  |
| State                                                                        |          |          |          |          |          |          |          |          |                  |  |  |  |  |
| PIN                                                                          |          |          |          |          |          |          |          |          |                  |  |  |  |  |
| <b>Details of remaining security balances in the account (if any)</b>        |          |          |          |          |          |          |          |          |                  |  |  |  |  |
| 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                                      |          |          |          |          |          |          |          |          |                  |  |  |  |  |
| <b>DP ID</b>                                                                 |          |          |          |          |          |          |          |          | <b>Client ID</b> |  |  |  |  |
| Balance present in a/c 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. Yes / No

|             | <b>First / Sole Holder</b> | <b>Second Holder</b> | <b>Third Holder</b> |
|-------------|----------------------------|----------------------|---------------------|
| Name        |                            |                      |                     |
| Signature * |                            |                      |                     |

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

**Securities Balance -****Funds Balance -****Maker -****Checker -**

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

**Acknowledgement Receipt****Application No.****Date:-**

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

|                                        |  |  |  |  |  |  |  |                  |  |  |  |  |  |
|----------------------------------------|--|--|--|--|--|--|--|------------------|--|--|--|--|--|
| <b>DP ID</b>                           |  |  |  |  |  |  |  | <b>Client ID</b> |  |  |  |  |  |
| <b>Name of the First / Sole Holder</b> |  |  |  |  |  |  |  |                  |  |  |  |  |  |
| <b>Name of the Second Holder</b>       |  |  |  |  |  |  |  |                  |  |  |  |  |  |
| <b>Name of the Third Holder</b>        |  |  |  |  |  |  |  |                  |  |  |  |  |  |
| <b>Reason for Closure</b>              |  |  |  |  |  |  |  |                  |  |  |  |  |  |

**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 transfer form (off market instruction slip) if the balances are to be transferred to another A/c.