

216, GLACIER COMPLEX, JETALPUR ROAD, VADODARA - 390007. PH - (0265) 2351355, FAX - (0265) 2351468

Demat Account Closure Form

Application No.											Date :	D	D	M	M	Y	Y	Y	Y
Closure Intimated 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 SoleHolder / Joint Holders / Gardian (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	2	0	4	4	4	0	0	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 BALANCE IN THE ACCOUNT (IF ANY)																							
Reason for Closing 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"/> Transfer to another account (Number given below) <input type="checkbox"/> Not Applicable																							
DP ID									Client ID														
Balance present 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"/> Pledge <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 intimates account closure, Signature(s) of account holder(s) not required

(Please Tear Here)

Application No.:-

Acknowledgement Receipt

Date :- / /20

We here by acknowledge the receipt of your instruction for closing the following Demat Account Subject to verification :-

DP ID	1	2	0	4	4	4	0	0	Client ID									
Name of the First / Sole Holder																		
Name of the Second Holder																		
Name of the Third Holder																		
Reason for Closing Account																		

INSTRUCTIONS TO ACCOUNT HOLDER(S)

1. Pay your outstanding, if any and submit unutilised delivery instruction book.
2. Submit a dully-filled up RRF if the balance are to be rematerialized.
3. Submit a dully-filled up transfer form (off market instruction slip), if the balance are to be transfer to another a/c.

Depository Participance Seal & Signature