



Spark Capital Advisors (India) Private Limited

No. 1, 3<sup>rd</sup> Floor, First Crescent Park Road, Gandhi Nagar, Adyar, Chennai - 600 020

(To be filled by the BO (in case of BO-initiated closure). Please fill all the details in BLOCK LETTERS in English) (Please Tick (✓) whichever is applicable

Application No. \_\_\_\_\_

CLOSURE FOR ☐ Demat A/c

CDSL DP ID: ☐ 12090100 Client ID :

I / We the Sole Holder / Joint Holders / Guardian (in case of Minor) 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:

Name of the First / Sole Holder	(First)	(Middle)	(Last)
Name of the Second Holder	(First)	(Middle)	(Last)
Name of the Third Holder	(First)	(Middle)	(Last)
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:	<input type="text"/>	Client ID	<input type="text"/>
Balance present in a/c for (To be filled by DP, if applicable)			
<input type="checkbox"/> Ear - marked <input type="checkbox"/> Pledged <input type="checkbox"/> Pending for Dematerialisation <input type="checkbox"/> Frozen <input type="checkbox"/> Pending for Rematerialisation <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			

INSTRUCTIONS TO ACCOUNT HOLDER(S):

- ❖ Submit a duly filled RRF if the balance is to be rematerialized.
- ❖ Submit a duly filled Delivery Instruction Slip [DIS] (off market instruction slip) if the balance is to be transferred to another Account. This requirement is not applicable in the case of "SHIFTING OF ACCOUNT / TRANSFER CUM CLOSURE".
- ❖ Accounts opened in the name of Proprietorship / Partnership / HUF / Corporates / Trusts; stamp of the respective entity must be affixed along with the signature.
- ❖ All the necessary details along with the signature should be filled in with Black or Blue ink only. If the form is filled & signed with other ink or pencil, the same will be rejected.
- ❖ In case of TRANSFER CUM CLOSURE, reason for closing the account should be "SHIFTING OF ACCOUNT".
- ❖ In case of TRANSFER CUM CLOSURE, latest Client Master Report (DPM generated) duly stamped & signed by official of the new DP is required.
- \* If DP or CDSL initiates account closure, Signature(s) of account holder(s) not require

\*Client's contact number \_\_\_\_\_ \*Contact number of RM \_\_\_\_\_  
Note: RM means Relationship Manager

• For DP use only •

Closure Instruction ID : \_\_\_\_\_ Closure Release Date : \_\_\_\_\_  
Maker Sign : \_\_\_\_\_ Checker Sign : \_\_\_\_\_

ACKNOWLEDGMENT RECEIPT

Application No. \_\_\_\_\_ Date : \_\_\_\_\_  
We hereby acknowledge the receipt of the your instruction for Closing the following Account subject to verification:

CDSL DP ID: <input type="checkbox"/> 12090100	Client ID	<input type="text"/>
Name of the First / Sole Holder		
Name of the Second Holder		
Name of the Third Holder		
Reason for Closure		