

Account Closure Request Form

Application No.

Date : / / 20

| | | | |
|----------------------|------------------------------|------------------------------|----------------------------------|
| Closure Initiated by | <input type="checkbox"/> B O | <input type="checkbox"/> D P | <input type="checkbox"/> C D S L |
|----------------------|------------------------------|------------------------------|----------------------------------|

 (To be filled by the BO. Please fill all the details in **BLOCK LETTERS** in English)

To,

Pune e Stock Broking Pvt. Ltd.
 1198, Shukrawar Peth, Pune - 411 002.
 Ph.: 020-41000639 / 40 / 41, Fax : 020-24498100

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 | 1 | 2 | 0 | 5 | 8 | 1 | 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 the Account : | | | | | | | | | | | | | | | | | |
| Balance remaining in the account (if any) to be : | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Partly rematerialised and party 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 a/c 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 Here) -----

Acknowledgement Receipt

Application No.

Date :- / / 20

| | | | | | | | | | | | | | | | | | |
|---------------------------------|----|---|---|---|---|---|---|---|---|-----------|--|--|--|--|--|--|--|
| DP | ID | 1 | 2 | 0 | 5 | 8 | 1 | 0 | 0 | Client ID | | | | | | | |
| Name of the First / Sole Holder | | | | | | | | | | | | | | | | | |
| Name of the Second Holder | | | | | | | | | | | | | | | | | |
| Name of the Third Holder | | | | | | | | | | | | | | | | | |
| Reason for Closure | | | | | | | | | | | | | | | | | |

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.
- * This requirement is not applicable in the case of "SHIFTING OF ACCOUNT"

Pune e Stock Broking Pvt. Ltd.