

SHAREKHAN LIMITED

Lodha, I Thank Techno Campus, 10th Floor, Beta Building, Off. JVLR, Opp. Kanjurmarg Rly Station

Kanjurmarg (E), Mumbai - 400 042. • Tel.: 022 - 611 1111 • Fax: 022 - 6748 1891.

• CDSL DP - 12036000 DP SEBI REG. NO. IN-DP-CDSL-271-2004 • For Inquires & Queries email at dpcall@sharekhan.com

Sharekhan

by BNP PARIBAS

Account Closure Request Form

Application No.

Date :

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Closure Initiated by	<input type="checkbox"/> BO		<input type="checkbox"/> DP		<input type="checkbox"/> CDSL	
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(To be filled by the BO, Please fill all the details in Block Letters in English)

Client Contact No.

To,
Sharekhan Limited / Sharekhan Commodities Pvt. Ltd.
DP ID - 12036000

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 account are given below :

Fore Trading & DP Account

- ☐ I/We hereby request you to also close my/our e Trading account with you. _____
- ☐ All Segment ☐ Equity / Currency Derivative / F&O
- ☐ I/We hereby request you to also close my/our DP account with you. _____

ACCOUNT HOLDER'S DETAILS	DP ID	1	2	0	3	6	0	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 balances in the account (if any) :

Reasons for Closing the Account :

Balance remaining in the account (if any) to be :

- ☐ Party rematerialized and party transferred. ☐ Rematerialised
- ☐ Transferred to another account (Number given below) ☐ Not applicable

DP ID								Client ID								
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Balance present in a/c for (To be filled by DP, if applicable)	<input type="checkbox"/> Ear - marked <input type="checkbox"/> Frozen	<input type="checkbox"/> Pledge <input type="checkbox"/> Lock-in	<input type="checkbox"/> Pending for Dematerialisation <input type="checkbox"/> Pending for Rematerialisation
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DECLARATION : In case of Account Closer 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.

Internal Ref. No.:	
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Instructions to Account Holder(s)

- Submit a dully - filled RRF if the balances are to be rematerialized.
- Submit a dully - filled Delivery Instruction Slip (DIS) (off market instruction slip) if the balances are to be transferred to another A/c

Note : Please do submit Separate application for Product Deactivation

- For any Assistance you may kindly contact your request Sharekhan Branch or Dial Customer Care at (1-800-22-7500) Toll-Free \ 3030 7600 (Local Call Charges) or write to us myaccount@sharekhan.com
- Compliance Officer - Mr. Joby John Meledan - Email compliance@sharekhan.com Contact No.022-61150000
- For Complaints email at igc@sharekhan.com

BRANCH STAMP

HO STAMP

Depository Participant Seal & Signature