

## Sharekhan Limited

10th Floor, Gigaplex Building No. 9, MIDC Plot No. 1 I.T 5, Airoli Knowledge Park Road,  
TTC Industrial Area, Airoli, Navi Mumbai - 400708 Tel :- 022 6115 0000, Fax No:- 022 6116 9699.  
• DP ID - 12036000 DP SEBI REG. NO. IN-DP-365-2018 • For Inquires & Queries email at dpcall@sharekhan.com

Sharekhan

by BNP PARIBAS

Application No. **Account Closure Request Form** 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)

Client Contact No.

To,  
**Sharekhan Limited**  
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 &amp; 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 |  |  |  |  |  |  |  |  |
|-------|--|--|--|--|--|--|--|-----------|--|--|--|--|--|--|--|--|

|   |  |   |  |
|---|--|---|--|
| Balance present in a/c for<br>(To be filled by DP, if applicable) | <input type="checkbox"/> Ear - marked<br><input type="checkbox"/> Frozen | <input type="checkbox"/> Pledge<br><input type="checkbox"/> Lock-in | <input type="checkbox"/> Pending for Dematerialisation<br><input type="checkbox"/> Pending for Rematerialisation |
|---|--|---|--|

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.: |  |
|--------------------|--|

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

- In case of any clarification, feel free to contact your branch/relationship manager or call on 022 - 25753200/022 - 61151111/022-33054600 write to us at myaccount@sharekhan.com/igc@sharekhan.com

- Compliance Officer - Ms. Binkle R. Oza - Email complianceofficer@sharekhan.com Contact No. 022 - 6116 9602

- For Complaints email at myaccount@sharekhan.com/igc@sharekhan.com

BRANCH STAMP

HO STAMP

Depository Participant Seal &amp; Signature