

**Account Closure Request Form**

Only Demat  Only Trading  Dp + Trading

Application No.						Date	D	D	M	M	Y	Y		
Closure Initiated by	BO	DP	CDSL											

(To be filled by the BO (in case of BO-initiated closure). Please fill all the details in **Block Letters** in English)

To,

**Depository Participant Name  
Address**

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:

<b>Account Holder's Details</b>																								
DP ID														Client ID										
CLIENT CODE																								
Name of the First / Sole Holder																								
Name of the Second Holder																								
Name of the Third Holder																								
Address for Correspondence																								
City								State								PIN								
<b>Details of remaining security balances in the account (if any)</b>																								
Reasons for Closing the Account																								
Balance remaining in the account (if any) to be :																								
partly rematerialised and partly transferred.												Rematerialised												
Transferred to another account (Number given below)												Not applicable												
DP ID													Client ID											
Balance present in account for (To be filled by DP, if applicable)												Ear - marked				Pledged								
												Pending for Dematerialisation				Frozen								
												Pending for Rematerialisation				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 initiates account closure, Signature(s) of account holder(s) not required.

===== (Please Tear Hear) =====

**Acknowledgement Receipt**

**Application No.**

**Date :-**

We hereby acknowledge the receipt of the your instruction for Closing the following Account subject to verification: -

DP ID													Client ID										
CLIENT CODE																							
Name of the First / Sole Holder																							
Name of the Second Holder																							
Name of the Third Holder																							
Reason for Closure																							

**Depository Participant Seal and Signature**

**Instructions to Account Holder(s)**

- o Submit a duly-filled RRF if the balances are to be rematerialized.
- o Submit a duly-filled Delivery Instruction Slip [DIS] (off market instruction slip) if the balances are to be transferred to another Account. This requirement is not applicable in the case of "**SHIFTING OF ACCOUNT**".