

<b>APPLICATION FOR CLOSURE OF DEMAT ACCOUNT</b>			
Date: DD-MM-YYYY	DP ID: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Client ID (Account to be closed) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Client Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		UCC Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>I/We hereby request you to close my/our Demat account with you as per following details:</b>			
<b>First Holder</b>			
Prefix _____	First Name _____	Middle Name _____	Last Name _____
<b>Second Holder</b>			
Prefix _____	First Name _____	Middle Name _____	Last Name _____
<b>Third Holder</b>			
Prefix _____	First Name _____	Middle Name _____	Last Name _____
<b>1) Please tick the applicable Option(s)</b>			
<b>Option A</b> (There are no balances/holdings in this account) <input type="checkbox"/>			
<b>Option B</b> (Transfer the balance/holdings in this account as per details given)  <input type="checkbox"/>	Transfer to my/own account (Provide target account details and enclose Client Master Report of Target Account) <input type="checkbox"/>  Transfer to any other account (Submit duly filled Delivery Instruction Slip signed by all holders) <input type="checkbox"/>	Target account details	
		CDSL: <input type="checkbox"/>	DP ID: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		NSDL: <input type="checkbox"/>	Client ID: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Option C</b> [Rematerialise/Reconvert (Submit duly filled Remat/Reconversion Request Form - For Mutual Fund units)]			
<b>2) Reasons for closure of Depository Account (Please tick the reason for closing the Demat Account)</b>			
Moving to new area/abroad where DP does not have a branch <input type="checkbox"/>	Unsatisfactory Services <input type="checkbox"/>		
High Demat Charges <input type="checkbox"/>	Stopped Trading forever <input type="checkbox"/>		
Consolidation of Accounts <input type="checkbox"/>	Others, Please specify _____ <input type="checkbox"/>		

**Direct Debit**

Please debit my \_\_\_\_\_ (*mention name of bank*) Bank account no. (*below*) for recovery of any pending dues against my account

**Cheque Payment**

Cheque No.

Drawn on ..... (*name of the Bank*)

Cash Payment:

**5) Refund of Charges**

*\*Please provide operative Savings Bank account number for refund of pro rata AMC charges (if any) and a cancelled cheque copy*

Name of the bank:

Branch name:

Branch address:

City:

Pin code:

State:

Country:

IFSC code:

MICR (*Please attach a copy of cancelled cheque*):

Bank account no.:

**6) Declaration**

I/We declare and confirm that all the transactions in my/our Demat Account are true/authentic  
(*In case of account closure due to shifting of account*)

Signature of First/Sole Holder

Signature of Second Holder

Signature of Third Holder

----- <b>(Please Tear From Here)</b> -----			
<b>Acknowledgment</b>			
We hereby acknowledge the receipt of the your request for closing the below mentioned Demat Account subject to verification			
DP ID:		Client ID:	
Name of the Demat Account Holder:			
Prefix	First Name	Middle Name	Last Name
Received by:			
Depository Participant's Seal and Sign			
Date: DD-MM -YYYY		Place:	