

Please fill the form in ENGLISH and in BLOCK letters only

Please read the Instructions / Terms & Conditions mentioned overleaf before filling the form

Please carry a photocopy of the duly filled form for Acknowledgement

REQUEST LETTER FOR CLOSURE OF DEMAT ACCOUNT - CDSL

A. Application No.		Date	D	D	/	M	M	/	Y	Y	Y	Y
B. Closure Initiated By	<input type="checkbox"/> Beneficiary Owner	<input type="checkbox"/> Depository Participant	<input type="checkbox"/> CDSL									

C. To be filled by the BO (in case of BO initiated closure):

Dear Sir/Madam,

I/We, the Sole Holder / Joint Holder(s) / 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													Client ID										
Name(s) of the Holder(s)										Address for Correspondence													
First																							
Second											City												
Third											State			PIN Code									

Reasons	1.											
	2.											

Action to be initiated on remaining Security balances in the Account (if any)																					
Balance security(ies) remaining in the Account to be partly	<input type="checkbox"/>	Transferred to another account #	DP ID										Client ID								
	<input type="checkbox"/>	Rematerialized	Submit a duly filled Remat Request Form																		

- Submit a duly filled Delivery Instruction Slip (DIS) (Off Market Transaction Slip) if the balances are to be transferred to another Account. This requirement is not applicable in the case of "Shifting of Account".

To be filled by DP, if applicable												
Balance present in account is	<input type="checkbox"/>	Pledged	<input type="checkbox"/>	Ear-marked	<input type="checkbox"/>	Pending for Rematerialization						
	<input type="checkbox"/>	Frozen	<input type="checkbox"/>	Lock-in	<input type="checkbox"/>	Pending for Dematerialization						

D. Declaration and Signatures (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.

	Sole/Primary Holder	Second Holder	Third Holder
Signature*			
Name			

* - If DP or CDSL initiates account closure, signature(s) of account holder(s) not required.

Acknowledgement

Application No.		Date	D	D	/	M	M	/	Y	Y	Y	Y
-----------------	--	------	---	---	---	---	---	---	---	---	---	---

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

DP ID													Client ID										
Name(s) of the Holder(s)										Depository Participant Seal and Signature													
First																							
Second																							
Third																							