



**APPLICATION FOR CLOSING AN ACCOUNT  
(F o r B e n e f i c i a r y A c c o u n t o n l y)**

To,  
 DP Name:  
 DP Address:  
 DP ID:

Date	D	D	M	M	Y	Y	Y	Y
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1. I / We hereby request you to close my/our account with you as per following details:

Name of the holder(s)	
Sole/ First Holder	
Second Holder	
Third Holder	

2. Reason/s for Closure of depository account: \_\_\_\_\_

3. Client ID (of account to be closed) 

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4. Please tick the applicable option(s)

<input type="checkbox"/> <b>Option A</b> [There are no balances / holdings in this account]																				
<input type="checkbox"/> <b>Option B</b> [Transfer the balances / holdings in this account as per details given]	Transfer to my / our own account. <i>(Provide target account details and enclose Client Master Report of Target Account)</i> Transfer to any other account <i>(Submit duly filled Delivery Instruction Slip signed by all holders)</i>																			
	<b>Target Account Details</b>																			
	<table border="1"> <tr> <td><input type="checkbox"/> NSDL</td> <td>DP ID</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td><input type="checkbox"/> CDSL</td> <td>Client ID</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	<input type="checkbox"/> NSDL	DP ID									<input type="checkbox"/> CDSL	Client ID							
<input type="checkbox"/> NSDL	DP ID																			
<input type="checkbox"/> CDSL	Client ID																			
<input type="checkbox"/> <b>Option C</b> [Rematerialize / Reconvert <i>(Submit duly filled Ramat / Reconversion Request Form-for mutual fund units)</i> ]																				

5. Signature(s)

Sole / First Holder	
Second Holder	
Third Holder	

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Acknowledgement																					
We hereby acknowledge the receipt of your request for closing the following Account subject to verification:																					
DP ID <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											Client ID <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
Name of Sole / First Holder																					
Name of Second Holder																					
Name of Third Holder																					
<b>Signature of the Authorised Signatory</b>	<b>Seal/ Stamp of Participant</b>																				
<b>Date</b>																					