

ACCOUNT CLOSURE REQUEST FORM

DEMAT

TRADING

TRADING & DP

Application No.				Date (dd/mm/yyyy)								
Closure Initiated by	<input type="checkbox"/> BO <input type="checkbox"/> DP <input type="checkbox"/> CDSL											

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

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:

ACCOUNT HOLDERS DETAILS

DP ID								Client ID							
TRADING CODE				BRANCH CODE				SUB-BROKER CODE							
Name of First / Sole Holder															
Name of Second Holder															
Name of Third Holder															
Address for Correspondence															
City		State			Pin Code										

DETAILS OF REMAINING SECURITY BALANCES IN THE ACCOUNT (IF ANY)

Reasons for Closing the Account															
Balance remaining in the account (if any) to be :															
<input type="checkbox"/> Partly rematerialised and partly transferred <input type="checkbox"/> Transferred to another account (Number given below)							<input type="checkbox"/> Rematerialised <input type="checkbox"/> Not Applicable								
DP ID								Client ID							
Balance present in account for (To be filled by DP, if applicable)															
<input type="checkbox"/> Ear - marked <input type="checkbox"/> Pending for Dematerialisation <input type="checkbox"/> Pending for Rematerialisation							<input type="checkbox"/> Pledged <input type="checkbox"/> Frozen <input type="checkbox"/> 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 Here)

Acknowledgement Receipt

Date:

Application No.:

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

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

Instructions to Account Holder(s):

- Submit a duly-filled RRF if the balances are to be rematerialised.
- 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"**

For MIRACLES FIN-TECH PRIVATE
LIMITED