



ANNEXURE Q
APPLICATION FOR CLOSING AN ACCOUNT
(For Beneficiary Account only)

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. Trading Code (of account to be closed)

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5. Please tick the applicable option(s)

<input type="checkbox"/> Option A [There are no balances / holdings in this account]											
<input type="checkbox"/> Option B	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>	Target Account Details									
[Transfer the balances / holdings in this account as per details given]		<input type="checkbox"/> NSDL	DP ID <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								
<input type="checkbox"/> CDSL	Client ID <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
<input type="checkbox"/> Option C [Rematerialise / Reconvert (Submit duly filled Remat / Reconversion Request Form-for mutual fund units)]											

6. Signature(s)

Sole / First Holder	
Second Holder	
Third Holder	

Acknowledgement

We hereby acknowledge the receipt of the your request for closing the following Account subject to verification:

DP ID	I	N	3	0	0	6	5	2		Client ID							
Trading Code:																	
Name of Sole / First Holder																	
Name of Second Holder																	
Name of Third Holder																	
Signature of the Authorised Signatory																Seal/ Stamp of Participant	
Date																	