



Account Closure Form

Application No.		Date							
Closure Initiated by	<input type="checkbox"/> BO	<input type="checkbox"/> DP	<input type="checkbox"/> CDSL						

(To be filled by the BO. 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:

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				
Accepted by, Date & Time	Bill Amount & Date	Bill Amount Received on	Closed by	Released by

Instructions to Account Holder(s)

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

Submit a duly-filled up RRF if the balances are to be rematerialized.

Submit a duly filled up transfer form (off market instruction slip) if the balances are to be transferred to another A/c.