



# ACCOUNT CLOSURE REQUEST FORM

CDSL DP ID: 12094200

Trading  DP  Trading & DP

Date: \_\_\_\_\_

Closure initiated by  DP  CDSL  BO (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:

### Account Holder's Details

|                                  |   |   |   |   |   |   |   |   |                      |  |  |       |  |     |  |  |  |
|----------------------------------|---|---|---|---|---|---|---|---|----------------------|--|--|-------|--|-----|--|--|--|
| DP ID                            | 1 | 2 | 0 | 9 | 4 | 2 | 0 | 0 | Client ID (Demat No) |  |  |       |  |     |  |  |  |
| Name of the First / Sole Holder  |   |   |   |   |   |   |   |   |                      |  |  |       |  |     |  |  |  |
| Name of the Second Holder        |   |   |   |   |   |   |   |   |                      |  |  |       |  |     |  |  |  |
| Name of the Third Holder         |   |   |   |   |   |   |   |   |                      |  |  |       |  |     |  |  |  |
| Correspondence/Permanent Address |   |   |   |   |   |   |   |   |                      |  |  |       |  |     |  |  |  |
| City                             |   |   |   |   |   |   |   |   |                      |  |  | State |  | PIN |  |  |  |

### 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 rematerialized and partly transferred.   |  |  |  |  |  |  |  |  |  | <input type="checkbox"/> Rematerialized |  |  |  |  |           |  |  |  |  |  |  |  |
|  |  | <input type="checkbox"/> Transferred to another account (Number given below)   |  |  |  |  |  |  |  |  |  | <input type="checkbox"/> Not applicable |  |  |  |  |           |  |  |  |  |  |  |  |
| DP ID  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  | Client ID |  |  |  |  |  |  |  |
| Balance present in a/c for (To be filled by DP, if applicable) |  | <input type="checkbox"/> Ear - marked <input type="checkbox"/> Pledged <input type="checkbox"/> Lock-in <input type="checkbox"/> Pending for Dematerialization <input type="checkbox"/> Pending for rematerialization <input type="checkbox"/> Frozen. |  |  |  |  |  |  |  |  |  |   |  |  |  |  |           |  |  |  |  |  |  |  |
|  |  | <small>* If DP or CDSL initiates account closure, Signature(s) of account holder(s) not required.<br/>* In cases of transfer cum closure, kindly ensure that the standing instruction is 'Yes' in the transferee's BO a/c.</small>                     |  |  |  |  |  |  |  |  |  |   |  |  |  |  |           |  |  |  |  |  |  |  |

### 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.

|            |                                      |                                |                               |
|------------|--------------------------------------|--------------------------------|-------------------------------|
|            | <b>First / Sole Holder Signature</b> | <b>Second Holder Signature</b> | <b>Third Holder Signature</b> |
| Signature* |                                      |                                |                               |

## ACCOUNT CLOSURE REQUEST FORM (TRADING)

To,

NVS Brokerage Pvt. Ltd.

Dear Sir,

I / We the holder of the trading a/c request you to close my/our account with you from the date of this application. The details of my/our account are given below:

|                       |                              |                              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                      |
|-----------------------|------------------------------|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------------------|
| Name of client :      |                              |                              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          | Trading code :           |                          |                          |                          |                                      |
| Sub-broker name :     |                              |                              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                      |
| Segments for closure: | <input type="checkbox"/> BSE | <input type="checkbox"/> NSE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> All Segment |

Reasons for closing the account  Service issue  Shifting to competition  Not interested in trading  Other ( )

Signature of Client

Branch Approval

Sub-broker Signature

### For Office Use Only

|              |                |
|--------------|----------------|
| <b>Maker</b> | <b>Checker</b> |
|              |                |

|                              |                          |
|------------------------------|--------------------------|
| <b>Branch Received Stamp</b> | <b>HO Received Stamp</b> |
|------------------------------|--------------------------|

### Acknowledgment Receipt

Date: \_\_\_\_\_

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

|                                 |   |   |   |   |   |   |   |   |           |  |  |  |  |  |  |  |  |                |  |
|---------------------------------|---|---|---|---|---|---|---|---|-----------|--|--|--|--|--|--|--|--|----------------|--|
| DP ID                           | 1 | 2 | 0 | 9 | 4 | 2 | 0 | 0 | Client ID |  |  |  |  |  |  |  |  | Trading code : |  |
| Name of the First / Sole Holder |   |   |   |   |   |   |   |   |           |  |  |  |  |  |  |  |  |                |  |
| Name of the Second Holder       |   |   |   |   |   |   |   |   |           |  |  |  |  |  |  |  |  |                |  |
| Name of the Third Holder        |   |   |   |   |   |   |   |   |           |  |  |  |  |  |  |  |  |                |  |
| Reason for Closure              |   |   |   |   |   |   |   |   |           |  |  |  |  |  |  |  |  |                |  |

**Instructions to Account Holder(s):** 1. Submit a duly-filled RRF if the balances are to be rematerialized.  
2. Submit a duly-filled transfer form (off market instruction slip) if the balances are to be transferred to another A/c.

**Depository Participant Seal and Signature**