

Account Closure Request Form

Application No.		Date	D		M	M	Y	Y	Y	Y	
Closure Initiated by	<input type="checkbox"/> BO	<input type="checkbox"/> DP	<input type="checkbox"/> CDSL								
Trading Account Code	(Kindly mentioned trading client code – Mandate)										

(To be filled by the BO (in case of BO-initiated closure). Please fill all the details in **Block Letters – In-complete request will be not process**)

To ,
Destimoney Securities Pvt Ltd .

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:

For Trading & DP Accounts

I/We hereby request you to also close my/our trading account with you (√ - Tick Mandate)

I/We hereby request you to also close my/our DP account with you (√ - Tick Mandate)

Account Holder's Details											
DP ID									Client ID		
Name of the First / Sole Holder											
Name of the Second Holder											
Name of the Third Holder											
Address for Correspondence											
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 rematerialised and partly transferred.						<input type="checkbox"/> Rematerialised				
<input type="checkbox"/> Transferred to another account (Number given below)						<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"/> Pledged		
						<input type="checkbox"/> Pending for Dematerialisation		<input type="checkbox"/> Frozen		
						<input type="checkbox"/> Pending for Rematerialisation		<input type="checkbox"/> Lock-in		
			First/ Sole Holder			Second Holder			Third Holder	
Name										
Signature										

DECLARATION : In case of account closure due to SHIFTING OF ACCOUNT

I/We declare and confirm that all transaction in my/our demat account are true/authentic.

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

Acknowledgement Receipt (**For Office Use**)

Application No. _____

Date : / /

Received Account Details Addition/Modification/Deletions request as per details given below:

DP ID: 1204550	Client ID:
Name of First/ Sole Holder	
Name of Second Holder	
Name of Third Holder	
Reason for closure	

Depository Participant Seal and Signature

Instructions to Account Holder(s)

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

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"