



Office Address: 1st floor, Tower B, Mantri Commercio, Outer Ring Road, Near Sakra hospital, Bellandur, Bangalore, Karnataka - 560103

CDSL SEBI Reg No - IN-DP-CDSL-656-2012

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ACCOUNT CLOSURE REQUEST FORM

Client Code		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 Holder's details

DP ID	1	2	0	7	4	3	0	0													
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"/> Rematerialised												
<input type="checkbox"/> Transferred to another account (Number given below)										<input type="checkbox"/> Not Applicable												
DP ID	1	2	0	7	4	3	0	0														
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												

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) -----

Application No.:

Acknowledgement Receipt

Date:

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

DP ID	1	2	0	7	4	3	0	0														
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".