CDBL Account Closing Form

Bye Law 7.7.1

Please fill in all the details in CAPITAL letters

Application No. Date

D D M M Y Y Y Y

To
(Depository Participant Name)

DP ID

I/We, the Sole Holder / Joint Holders / Guardian (in case of minors) / Clearing Member request you to close my / our Depository Account with you. The details of my / our account are as indicated below:

Account Holder's Details

Account ID

Name of Account Holder

Name of Second Account Holder

Name of Third Account Holder

Closure Details

Reason for Closure of Account

Details of Remaining Security Balances in the Account (if any)

Whether to be partly rematerialized and partly transferred: YES NO

To be rematerialized: YES NO To be Transferred to another Account: YES NO

Whether any of the following is Applicable (To be filled by DP): Ear-marked Pledged Frozen

Name of Account Holder/s	Signature/s

Authorized Signature of Depository Participant

Seal of CDBL Participant