

ANNEXURE Q

APPLICATION FOR CLOSING AN ACCOUNT (For Beneficiary Account only)

Date:

To, Depository Back Office 67, Sonawala Building, Opp. Stock Exchange Building, B. S. Marg, Fort, Mumbai - 400 023

1. I / We hereby request you to close my/our account with you as per following details:													
Name of the holder(s)													
Sole/ First Holder													
Second Holder													
Third Holder													
2. Rea	eson/s for	Closure of	depository acco	ıınt.									
21 110	25011/5101	ologui e or i		, une						_			
3. DP	ID (of acco	unt to be c											
4. Client ID (of account to be closed)													
5. Please tick the applicable option(s)													
□ Option A [There are no balances / holdings in this account]													
☐ Option B Transfer to my / our ownaccount													
_	•	target accou	Target Account Details										
[Transfer the balances / Report of		Client Master f Target Account) Transfer her account (Submit duly				DP ID							
holdings in to any of				□ NSDL	L								
this account	-	Delivery Instruction Slip signed				Client							
as per details by all given] by all holder.		s)		□ CDSL		ID							
☐ Option C [Re		e / Reconve	l illed Rem	at / Red	conversion i	Request I	Form-fo	r mutu	al fund	d units	:)]		
6. Signature(s)													
Sole / First Holder													
Second Holder													
Third Holder													
					wledg								
We hereby acknowledge the receipt of your request for closing the following Account subject to verification:													
DP ID						ent ID							
Name of Sole /		r											
Name of Second													
Name of Third Holder Signature of the Authorised Signatory								1.	C1/0	.	- C D -		
_							Seal/ Stamp of Participant						
Date													