

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. Reason/s for Closure of depository account: _____

3. DPID (of account to be closed)

4. Client ID (of account to be closed)

5. Please tick the applicable option(s)

<input type="checkbox"/> Option A [There are no balances / holdings in this account]																								
<input type="checkbox"/> Option B [Transfer the balances / holdings in this account as per details given]	Transfer to my / our own account (Provide target account details and enclose Client Master Report of Target Account) Transfer to any other account (Submit duly filled Delivery Instruction Slip signed by all holders)																							
	Target Account Details																							
	<table border="1"> <tr> <td><input type="checkbox"/> NSDL</td> <td>DP ID</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="checkbox"/> CDSL</td> <td>Client ID</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<input type="checkbox"/> NSDL	DP ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> CDSL	Client ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> NSDL	DP ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>													
<input type="checkbox"/> CDSL	Client ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>													
<input type="checkbox"/> Option C [Rematerialize / Reconvert (Submit duly filled Remat / Reconversion Request Form-for mutual fund units)]																								

6. Signature(s)

Sole / First Holder	
Second Holder	
Third Holder	

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Acknowledgement

We hereby acknowledge the receipt of your request for closing the following Account subject to verification:

DP ID	<input type="text"/>	Client ID	<input type="text"/>
Name of Sole / First Holder			
Name of Second Holder			
Name of Third Holder			
Signature of the Authorised Signatory			Seal/ Stamp of Participant
Date			