

Account Closure Request Form

Closure Initiated by BO DP CDSL

Application No :- _____

Date :-

D	D	M	M	Y	Y	Y	Y
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To be filled by the BO (in case of BO-initiated Closure). Please fill all the details in **BLOCK LETTERS** in English)

CDSL BO ID :- 12048400 _____ (For Demat A/C)

Trading ID :- _____

CLOSURE FOR Account (Please Tick (✓) whichever is applicable)

All Only Demat A/c BSE Cash BSE F&O BSE CD NSE Cash NSE F&O NSE CD
 MCX NCDEX Other _____

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

Name of the First / Sole Holder		
Name of the Second Holder		
Name of the 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 remains in the account (if any) to be :		
<input type="checkbox"/> Party rematerialised and Party 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 a/c for (To be Filled by DO, 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.

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".
- In case of SHIFTING OF ACCOUNT , reason for closing the account should be "SHIFTING OF ACCOUNT"
- In case of SHIFTING OF ACCOUNT , Client master Report duly stamped & signed by official of the new DP is required.

For Office use only

Remarks :	
Form Checker Sign :	DP Executive Sign :

======(Please Tear Hear)=====

Acknowledgement Receipt

Application No. _____

Date :-

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

DP ID :-

1	2	0	4	8	4	0	0
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Client ID :-

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Name of the First / Sole Holder	
Name of the Second Holder	
Name of the Third Holder	
Reason for Closure	