

Account Closure Request Form

Application No. _____ Date: _____

Closure initiated by ☐ BO ☐ CDSL ☐ DP (To be filled by the BO. 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	2	5	5	0	0	Client ID								Trading Code:												
Name of the First / Sole Holder																													
Name of the Second Holder																													
Name of the Third Holder																													
Name of Trading Account Holder																													
Address for Correspondence																													
City										State										PIN									

Details of remaining security balances in the account (if any)																			
Reasons for Closing the Account (Optional)																			
Balance remaining in the account (if any) to be :										☐ Partly rematerialized and partly transferred. ☐ Rematerialized ☐ Transferred to another account (Number given below) ☐ Not applicable									
DP ID										Client ID									
Balance present in account for (To be filled by DP, if applicable)										☐ Ear - marked ☐ Pledged ☐ Pending for Dematerialisation ☐ Frozen ☐ Lock-in ☐ Pending for Rematerialisation									

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.

Name of client: _____ Signature of Client
(As per Trading account)

Acknowledgement Receipt

Application No. _____ Date: _____

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

DP ID	1	2	0	2	5	5	0	0	Client ID								
Name of the First / Sole Holder																	
Name of the Second Holder																	
Name of the Third Holder																	
Name of Trading Account Holder																	
Reason for Closure																	

- 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".

For ROHA WELLWORTH SECURITIES PVT. LTD.
Seal & Signature