

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)

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4. Client ID (of account to be closed)

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5. Please tick the applicable option(s)

☐ Option A [There are no balances / holdings in this account]								
☐ Option B [Transfer the balances / holdings in this account as per details given]	Transfer to my / our own account <i>(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)</i>							
	Target Account Details							
	☐ NSDL	DP ID						
	☐ CDSL	Client ID						
☐ 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	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
Client ID	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
Name of Sole / First Holder									
Name of Second Holder									
Name of Third Holder									
Signature of the Authorised Signatory	Seal/ Stamp of Participant								
Date									