



Wellworth
Lead you to achieve financial goal



WELLWORTH SHARE AND STOCK BROKING LTD.

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CDSL Regn No: IN - DP - CDSL - 149 - 2001

CDSL DP ID: 12025500

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																							
Balance remaining in the account (if any) to be :												<input type="checkbox"/> Partly rematerialized and partly transferred.						<input type="checkbox"/> Rematerialized					
												<input type="checkbox"/> Transferred to another account (Number given below)						<input type="checkbox"/> Not applicable					
DP ID												Client ID											
Balance present in account for (To be filled by DP, if applicable)												<input type="checkbox"/> Ear - marked				<input type="checkbox"/> Ear - marked				<input type="checkbox"/> Pending for Dematerialisation			
												<input type="checkbox"/> Frozen				<input type="checkbox"/> Lock-in				<input type="checkbox"/> 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)

- o Submit a duly-filled RRF if the balances are to be rematerialized.
- o 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 Wellworth Share And Stock Broking Ltd.

Seal & Signature