



## 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 :				<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"/> Pledged		<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