

CDBL Account Closing Form

Bye Law 7.7.1

Please fill in all the details in CAPITAL letters

Application No :

Date :
 D D M M Y Y Y Y

To
 (Depository Participant Name)

DP ID

I/We, the Sole Holder / Joint Holders / Guardian (in case of minors) / Clearing Member request you to close my / our Depository Account with you. The details of my / our account are as indicated below.

Account Holder's Details

BO ID <input style="width: 90%;" type="text"/>
Name of Account Holder <input style="width: 95%;" type="text"/>
Name of Second Account Holder <input style="width: 95%;" type="text"/>
Name of Third Account Holder <input style="width: 95%;" type="text"/>

Closure Details

Reason for Closure of Account

<input type="text"/>
<input type="text"/>

Details of Remaining Security Balance in the Account (if any)

Whether to be partly rematerialized and partly transferred : YES <input type="checkbox"/> NO <input type="checkbox"/>	
To be rematerialized : YES <input type="checkbox"/> NO <input type="checkbox"/>	To be Transferred to another Account : YES <input type="checkbox"/> NO <input type="checkbox"/>
Whether any of the following is Applicable (To be filled by DP): Ear-marked <input type="checkbox"/> Pledged <input type="checkbox"/> Frozen <input type="checkbox"/>	

Name of Account Holder/s	Signature/s

Authorized Signature of Depository Participant

Seal of CDBL Participant