

Account Closure Form

MEMBER : BSE | NSE DP : CDSL

(Formerly Ajay Natavaral Securities Pvt. Ltd.)

403, STAR CHAMBERS, HARIHAR CHOWK, RAJKOT - 360 001.
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AN ISO 9001-2000 CERTIFIED COMPANY

**Crisil rated SME 2**

Application No.		Date									
Closure Initiated by	- BO	- DP	- CDSL								

(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	1	9	8	0	0	Client ID											
Name of the First / Sole Holder																				
Name of the Second Holder																				
Name of the Third 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 :																				
- partly Rematerialised and partly transferred.																			- Rematerialised	
- Transferred to another account (Number given below)																			- Not applicable	
DP ID									Client ID											
Balance present in a/c for (To be filled by DP, if applicable)						- Ear - marked								- Pledged						
						- Pending for Dematerialisation								- Frozen.						
						- Pending for Rematerialisation								- Lock-in.						

DECLARATION : In case of Account Closure due to SHIFTING OF ACCOUNT:

I/We declare and confirm that all the transaction 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.

===== (Please Tear Hear) =====

Acknowledgement Receipt**Application No.****Date :-**

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

DP ID	1	2	0	1	9	8	0	0	Client ID											
Name of the First / Sole Holder																				
Name of the Second Holder																				
Name of the Third Holder																				
Reason for Closure																				

Depository Participant Seal and Signature**Instructions to Account Holder(s)**

- Submit a dully-filled up RRF if the balances are to be rematerialized.
- Submit a duly filled up transfer form (off market instruction slip) if the balances are to be transferred to another A/c.