



ANS Pvt. Ltd.

BSE: 3022 | NSE: 10585 | DP: CDSL - 19800
CIN: U67120GJ1999PTC035472



ARHAM FINANCIAL CENTRE, Opp. Star Chambers, Panchnath Main Road, Harihar Chowk, Rajkot – 360 001
Tel: 0281-2450745/ 6699300 E-mail: dp@anspl.net, ans@anspl.net

ACCOUNT CLOSURE REQUEST FORM

* Please fill all the details in **BLOCK LETTERS** in English

Application No.		Date																	
Closure Initiated by	<input type="checkbox"/> BO	<input type="checkbox"/> DP	<input type="checkbox"/> CDSL																

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																				
BO 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 :																		
<input type="checkbox"/> Partly Rematerialised and partly transferred.									<input type="checkbox"/> Rematerialised									
<input type="checkbox"/> Transferred to another account (Number given below)									<input type="checkbox"/> Not applicable									
DP ID									Client ID									
Balance present in a/c for (To be filled by DP, if applicable)									<input type="checkbox"/> Ear - marked			<input type="checkbox"/> Pledged						
									<input type="checkbox"/> Pending for Dematerialization			<input type="checkbox"/> Frozen.						
									<input type="checkbox"/> Pending for Rematerialisation			<input type="checkbox"/> 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 Here) =====

Acknowledgement Receipt

Application No.

Date :-

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

BO 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 RRF if the balances are to be rematerialized.
- Submit a duly filled up Delivery Instruction Slip [DIS] (off market instruction slip) if the balances are to be transferred to another A/c. This requirement is not applicable in the case of "SHIFING OF ACCOUNT".