

## **Account Closure Request Form**

<b>SUNIDHI SECURITIES &amp; FINANCE LTD.</b> <b>Kalpataru Inspire, Unit 1, 8<sup>th</sup> Floor, Opp. Grand Hyatt Hotel, Santacruz (East), Mumbai-400055.</b> <b>DP ID : 23500 SEBI Regn. No. IN-DP-410-2019</b>
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Application No.		Date							
Closure Initiated by	BO      DP      CDSL								

(To be filled by the BO (In case of BO-initiated closure). Please fill all the details in **Block Letters** in English)

**CLOSURE FOR** ☐ Only Trading A/c ☐ Only Demat A/c ☐ Both (Please Tick (✓) whichever is applicable)  
**SEGMENT** ☐ Cash & F&O ☐ Currency ☐ Commodities ☐ Spot (Please Tick (✓) whichever is applicable)

<b>CIN no.(For Trading Account)</b>	<b>BO ID (For Demat Account)</b>	<b>Client Name</b>	<b>Pan no.</b>

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:

<b>Account Holder's Details</b>									
DP ID								Client ID	
Name of the First / Sole Holder									
Name of the Second Holder									
Name of the Third Holder									
Address for Correspondence									
City			State		PIN				
<b>Details of remaining security balances in the account (if any)</b>									
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 account for (To be filled by DP, if applicable)					<input type="checkbox"/> Ear - marked				
					<input type="checkbox"/> Pending for Dematerialisation				
					<input type="checkbox"/> Pending for Rematerialisation				
					<input type="checkbox"/> Pledged				
					<input type="checkbox"/> Frozen.				
					<input type="checkbox"/> Lock-in.				

**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.

===== (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: -

DP ID									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 duly-filled RRF if the balances are to be rematerialized.
- 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"**.