## **Account Closure Request Form**

SUNIDHI SECURITIES & FINANCE LTD.

Unit 1 8th Floor Opp Grand Hyatt Hotel, Santacruz (East), Mumbai-400055

Scoot   No.   State   PIN	Court   Initiated by   BO   DP   CDSL	Application No.						Date					1					
(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 □ (Please Tick (*) whichever is applicable)  CLIN no.(For Trading Account) BO ID (For Demat Account) Client Name Pan no.  Dear Sir / Madam,  I / We the Sole Holder / Joint Holders / Guardian (in case of Minor) / Clearing Member request you to close my / o account with you from the date of this application. The details of my/our account are given below:  Account Holder's Details  DP ID □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Closure Form		□BO	□DP		CDSI		Date										
CION no. (For Trading Account)  BO ID (For Demat Account)  Client Name  Pan no.  Dear Sir / Madam,  I / We the Sole Holder / Joint Holders / Guardian (in case of Minor) / Clearing Member request you to close my / o account with you from the date of this application. The details of my/our account are given below:  Account Holder's Details  DP ID  Name of the First / Sole 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 (Number given below)  DP ID  Balance present in account for   Balance present	CION NO. (For Trading Account)  BO ID (For Demat Account)  CII No. (For Trading Account)  CII No. (For Trading Account)  Dear Sir / Madam,  (I / We the Sole Holder / Joint Holders / Guardian (in case of Minor) / Clearing Member request you to close my / account with you from the date of this application. The details of my/our account are given below:  Account Holder's Details  DP ID  Client ID  Client ID  Client ID  Client 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.  City Istate  PIN  Details of remaining security balances in the account (if any)  Reasons for Closing the Account  Balance remaining in the account (Number given below)  DP ID  Client ID  Details of remaining security balances in the account (if any)  Rematerialised  DP ID  Client ID  Details of remaining security balances in the account (if any)  Rematerialised  DP ID  Client ID  Details of remaining security balances in the account (if any)  Rematerialised  DP ID  Client ID  Details of remaining security balances in the account (if any)  Rematerialised  DP ID  Client ID  Client ID  Details of remaining security balances in the account (if any)  Rematerialised  DP ID  Client ID  Client ID  Details of remaining security balances in the account (if any)  Rematerialised  DP ID  Client							fill all the	e deta	ils in	Bloc	k Le	ette	rs in	. Ena	lish)		
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DP ID   Client ID   Name of the First / Sole Holder Name of the Second Holder Name of the Second 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 account for   Ear - marked   Pledged   To be filled by DP, if applicable)   Pending for Dematerialisation   Frozen.   Pending for Rematerialisation   Lock-in.  DECLARATION: In case of Account Closure due to SHIFTING OF ACCOUNT: / We declare and confirm that all the transactions in my / our demat account are true / authentic.	DP ID   Client ID   Name of the First / Sole Holder Name of the Second Holder Name of the Second 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:	/ We the Sole Hold ccount with you fron	n the date of												you t	o clc	se m	ıy / c
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Name of the Second Holder  Name of the Third Holder  Address for Correspondence  City State PIN	Name of the Second Holder  Name of the Third Holder  Address for Correspondence  City State PIN							Clier	t ID									
Name of the Third Holder  Address for Correspondence  City State PIN	Name of the Third Holder  Address for Correspondence  City State PIN																	
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*If DP or CDSL initia	tes a	ccoun	t clos	sure, S	Signa	ture(s	s) of a	accou	nt holder(s)	) not re	equire	ed.						
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	Acknowledgement Receipt																	
Application No.													Date	e :-				
We hereby acknowle	r inst	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".