



Anand Rathi Shares & Stock Brokers Ltd
 4th Floor, Silver Metropolis, Jai Coach Compound,
 Opposite Bimbisar Nagar, Goregaon (East),
 Mumbai - 400 063
 Email id : dp@rathi.com
 DP ID - 10600

ACCOUNT CLOSURE REQUEST FORM

(To be filled by the BO. Please fill all the details in **Block Letters** in English)

Application No		BO ID	1	2	0	1	0	6	0	0	0						
Closure Initiated by	<input type="checkbox"/> BO	<input type="checkbox"/> DP											<input type="checkbox"/> CDSL				

Date									
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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	0	6	0	0	Client ID	0					
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 Dematerialisation <input type="checkbox"/> Frozen. <input type="checkbox"/> Pending for Rematerialisation <input type="checkbox"/> Lock-in.								
* I/We hereby declare that all the transactions in the account are authentic.																
	First / Sole Holder				Second Holder				Third Holder							
Name																
Signature																

===== (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	0	6	0	0	Client ID	0					
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)

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