

**ANNEXURE Q
APPLICATION FOR CLOSING AN ACCOUNT
(For Beneficiary Account only)**

Date

D	D	M	M	Y	Y	Y	Y
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To,
Anand Rathi Share & Stock Brokers Ltd
Express Zone, A Wing, 10th Floor, Western
Express Highway, Goregaon (East),
Mumbai – 400063 Maharashtra
CIN : U67120MH1991PLC064106

DP ID : IN301803

1. I / We hereby request you to close my/our account with you as per following details:

Name of the holder(s)	
Sole/ First Holder	
Second Holder	
Third Holder	

2. Reason/s for Closure of depository account: _____

3. Client ID (of account to be closed)

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4. Please tick the applicable option(s)

<input type="checkbox"/> Option A [There are no balances / holdings in this account]																														
<input type="checkbox"/> Option B	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; vertical-align: top;"> [Transfer the balances / holdings in this account as per details given] </td> <td style="width: 30%; vertical-align: top;"> <input type="checkbox"/> Transfer to my / our own account (Provide target account details and enclose Client Master Report of Target Account) </td> <td style="width: 35%; text-align: center;">Target Account Details</td> </tr> <tr> <td></td> <td style="vertical-align: top;"> <input type="checkbox"/> NSDL </td> <td> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">DP ID</td> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> <tr> <td>Client ID</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> </td> </tr> <tr> <td></td> <td style="vertical-align: top;"> <input type="checkbox"/> Transfer to any other account (Submit duly filled Delivery Instruction Slip signed by all holders) </td> <td></td> </tr> </table>	[Transfer the balances / holdings in this account as per details given]	<input type="checkbox"/> Transfer to my / our own account (Provide target account details and enclose Client Master Report of Target Account)	Target Account Details		<input type="checkbox"/> NSDL	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">DP ID</td> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> <tr> <td>Client ID</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	DP ID										Client ID											<input type="checkbox"/> Transfer to any other account (Submit duly filled Delivery Instruction Slip signed by all holders)	
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	<input type="checkbox"/> Transfer to any other account (Submit duly filled Delivery Instruction Slip signed by all holders)																													
<input type="checkbox"/> Option C [Rematerialise / Reconvert (Submit duly filled Remat / Reconversion Request Form-for mutual fund units)]																														

5. Signature(s)

Sole / First Holder	
Second Holder	
Third Holder	

Acknowledgement

We hereby acknowledge the receipt of your request for closing the following Account subject to verification:

DP ID <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									Client ID <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
Name of Sole / First Holder																	
Name of Second Holder																	
Name of Third Holder																	

Signature of the Authorised Signatory	Seal/ Stamp of Participant
Date	