

# Account Closure Form

Application No. : \_\_\_\_\_

Date : \_\_\_ / \_\_\_ / \_\_\_\_\_

Closure Initiated By :  BO  DP  CDSL

To,  
**MNM STOCK BROKING PVT LTD**  
 101, J P Complex, Opp. C N  
 Vidhyalay, Nr. Ambawadi  
 Circle, Ahmedabad - 380015

**DP ID : 12081300**

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**

<b>DP ID</b>	1	2	0	8	1	3	0	0	<b>Client ID</b>										
TRADING CODE (BSE-NSE CASH-F&O)																			
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) :** (Please attach the annexure )

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"/> 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	1	2	0	8	1	3	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 up RRF if the balances are to be rematerialized.
- Submit a duly filled up transfer form (off market instruction slip) if the balances are to be transferred to another A/c.