

Account Closure Request Form

Application No.		Date	D	D	M	M	Y	Y	Y	Y
Closure Initiated by	<input type="checkbox"/> BO <input type="checkbox"/> DP <input type="checkbox"/> CDSL									
Closure Request	<input type="checkbox"/> Demat <input type="checkbox"/> Trading <input type="checkbox"/> Both									

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

To,
TRDEZ INVESTMENT PRIVATE LIMITED
301, Cello Platina, FC Road, Shivaji
Nagar, Pune – 411005

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									Client ID																															
UCC																																								
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 account 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				

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 your instruction for Closing the following Account subject to verification: -

DP ID								Client ID								
UCC																
Name of the First / Sole Holder																
Name of the Second Holder																
Name of the Third Holder																
Reason for Closure																

Seal/stamp of the intermediary

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.