ANNEXURE Q

APPLICATION FOR CLOSING AN ACCOUNT
(For Beneficiary Account only)

Date	D	D	M	M	Y	Y	Y	Y

To,
IDBI Capital Markets & Securities Limited
5rd Floor, IDBI Tower
WTC Complex, Cuffe Parade
Mumbai 400005

NOTE: It is mandatory to fill the form in blue ink only.

CLOSURE REQUEST FOR: ☐ DP ID: - IN 300079 ☐ DP ID: - IN 300450 ☐ Only Trading A/c ☐ Only Demat a/c ☐ Both

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 account*: ____________________

3. Client ID (of account to be closed)

Trading ID (of account to be closed)

4. Please tick the applicable option(s)

☐ Option A [There are no balances / holdings in this account]

☐ Option B [Transfer the balances / holdings in this account as per details given]

☐ Transfer to my / our own account (Provide target account details and enclose Client Master Report of Target Account)

☐ Transfer to any other account (Submit duly filled Delivery Instruction Slip signed by all holders)

Target Account Details

☐ NSDL	DP ID								
☐ CDSL	Client ID								

☐ 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	

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Acknowledgement

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

DP ID									Client ID								

Name of Sole / First Holder	
Name of Second Holder	
Name of Third Holder	
Signature of the Authorised Signatory ✍ Date	Seal/ Stamp of Participant