

APPLICATION FOR CLOSING AN ACCOUNT



To,
Sharekhan Ltd / Sharekhan Commodities Pvt Ltd
 Lodha i Think Techno Campus, 10th Floor, Beta Bldg,
 Off JVLR, Kanjur Marg, Mumbai – 400 042.
 Tel : 022-61151111, Fax : 022 – 6748 1899
 DP ID:IN300513

For Trading and DP Accounts

Date	D	D	M	M	Y	Y	Y	Y
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- I/We hereby request you to close my/our Trading account with you : _____
- I/We hereby request you to close my/our DP account with you:

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We undertake to indemnify and reimburse Sharekhan for any losses/cost which the company may incur on account of our transactions and it will be fully binding on my/our heirs/nominees.

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

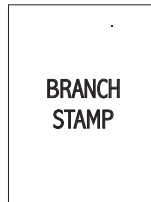
- Reason/s for Closure of depository account _____
- Please tick the applicable option(s)

<input type="checkbox"/> Option A [There are no balances / holdings in this account]									
<input type="checkbox"/> Option B [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)								
	<input type="checkbox"/> Transfer to any other account (Submit duly filled Delivery Instruction Slip signed by all Holders)								
Target Account Details									
<input type="checkbox"/> NSDL	DP ID <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								
<input type="checkbox"/> CDSL	Client ID <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								
<input type="checkbox"/> Option C [Rematerialise / Reconvert (Submit duly filled Remat / Reconversion Request Form-for mutual fund units)]									

	Sole/First Holder	Second Holder	Third Holder
5. Signature(s)			

For Office Use :

Scrutinizer : _____
 Maker : _____
 Checker : _____



For any Assistance you may kindly contact your request to Sharekhan Branch or Dial Customer Care at (1-800-22-7500) Toll-Free / 3030 7600 (Local Call Charges) or write to us myaccount@sharekhan.com
 *Compliance Officer – Namita Godbole – Email : compliance@sharekhan.com, Contact No. 022-6115000 | *For Complaints email at igc@sharekhan.com

Acknowledgement																	
Sharekhan Ltd / Sharekhan Commodities Pvt Ltd Lodha i Think Techno Campus, 10th Floor, Beta Bldg, Off JVLR, Kanjur Marg, Mumbai – 400 042. Tel : 022-61151111, Fax : 022 – 6748 1899 We hereby acknowledge the receipt of the your request for closing the following Account subject to verification:																	
DP ID <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>I</td><td>N</td><td>3</td><td>0</td><td>0</td><td>5</td><td>1</td><td>3</td></tr></table>	I	N	3	0	0	5	1	3	Client ID <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								
I	N	3	0	0	5	1	3										
Name of Sole / First Holder																	
Name of Second Holder																	
Name of Third Holder																	
Signature of the Authorised Signatory	Seal/ Stamp of Participant																
Date																	