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KANTILAL CHHAGANLAL SECURITIES PVT. LTD.

Regd. Office : 7th Floor, Sangita Ellipse Plot No. 32, Tajpal Scheme Sahakar Road,
Vile Parle(E) Mumbai, Mumbai, Maharashtra 400057

ACCOUNT CLOSURE REQUEST FORM

Application No.	Date									
Closure Initiated by	<input type="checkbox"/> BO <input type="checkbox"/> DP <input type="checkbox"/> CDSL									

(To be filled up by the BO (in case of BO-initiated closure). Please fill all the details in BLOCK LETTERS in English) 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.

Trading Account to be closed YES NO

New Demat Account Detail if trading account is not be closed

DP ID	Client ID									
Trading A/c No.										
Account Holder's Details										
DP ID	Client ID									
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 a/c 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"/> 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)

Acknowledgment Receipt

Application No.	Date									
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We hereby acknowledge the receipt of your instruction for Closing the following Account subject to verification :-

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

Instruction 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 mark instruction slip)
If the balances are to be transferred to another Account, This requirement is not application in the case of "SHIFTING OF ACCOUNT")

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Seal & Authorised Signature