

### Account Closure Request Form

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

To,

CONCUNSMART SHARES AND STOCK BROKER  
C 4, Kantilal Meganlal Estate, Silk Mill Compound  
L.B.S Road, Bhandup (W)  
Mumbai -400078

Dear Sir / Madam,

I / We the Sole Holder / Joint Holders / Guardian (in case of Minor) / Clearing Member request you to close my / our demat / trading account with you from the date of this application. The details of my/our account are given below:

#### Account Holder's Details

Please fill all the details in BLOCK Letters in English. Please mark (✓) on the appropriate column.

<b>Trading ID :</b>											
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:			

<b>Details of remaining security balances in the account (if any)</b>											
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			

### TO WHOM SO EVER IT MAY CONCERN

This is to certify that we have no objection to close the aforesaid Account No. \_\_\_\_\_

He has settled all dues with us.

Head of Dept/Branch Manager

\*If DP or CDSL initiates account closure, Signature(s) of account holder(s) not required.

Application No. \_\_\_\_\_ **Acknowledgement Receipt** Date: \_\_\_\_\_

We hereby acknowledge the receipt of the 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											
Reason for Closure											

Depository Participant Seal and Signature

#### Instructions to Account Holder(s)

- Submit a duly-filled RRF if the balances are to be rematerialized.
- Submit a duly-filled transfer form (off market instruction slip) if the balances are to be transferred to another A/c. This requirement is not applicable in the case of 'SHIFTING OF ACCOUNT'