

## 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									

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

To,

**Krishna multifarious consultancy private limited**

**Unjha-384170,Gujarat**

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	1	2	0	7	2	7	0	0	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 account for (To be filled by DP, if applicable)										<input type="checkbox"/> Ear - marked <input type="checkbox"/> Pending for Dematerialisation <input type="checkbox"/> Pending for Rematerialisation					<input type="checkbox"/> Pledged <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 Hear) =====

**Acknowledgement Receipt**

**Application No.**

**Date :-**

We hereby acknowledge the receipt of the your instruction for Closing the following Account subject to verification: -

DP ID	1	2	0	7	2	7	0	0	Client ID									
Name of the First / Sole Holder																		
Name of the Second Holder																		
Name of the Third Holder																		
Reason for Closure																		

**For Krishna multifarious consultancy private limited**

**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**".