

Account Closure Form

Application No. : _____

Date : ___/___/___

Closure Initiated By : <input type="checkbox"/> BO <input type="checkbox"/> DP <input type="checkbox"/> CDSL	Closure for : <input type="checkbox"/> Trading <input type="checkbox"/> Demat <input type="checkbox"/> Both
---	--

To,

Tradejini Financial Services Pvt Ltd

"Vasavi Square", No-75/757, 2nd floor, 10th Main Road, 4th Block Jayanagar, Bangalore - 560 011

DP ID : 12076500

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	6	5	0	0	CLIENT ID									
TRADING (NSE ; BSE ; MCX ; MSEI)																		
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) : (Please attach the annexure)

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"/> 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 Here)-----

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	6	5	0	0	CLIENT ID									
Name of the First / Sole Holder																		
Name of the Second Holder																		
Name of the Third Holder																		
Reason for Closure																		

Instructions to Account Holder(s)

- Submit a dully-filled up RRF if the balances are to be rematerialized.
- Submit a duly filled up transfer form (off market instruction slip) if the balances are to be transferred to another A/c.

Depository Participant Seal and Signature