

**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. Please fill all the details in **Block Letters** in English)

To,

**ASNANI STOCK BROKER PRIVATE LIMITED**  
(DEPOSITORY DIVISION)  
103, SINDHI COLONY, PRATAP NAGAR,  
CHITTORGARH-312001, RAJASTHAN

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	8	2	0	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 a/c for (To be filled by DP, if applicable)												<input type="checkbox"/> Ear - marked				<input type="checkbox"/> Pledged							
												<input type="checkbox"/> Pending for Dematerialization				<input type="checkbox"/> Frozen.							
												<input type="checkbox"/> Pending for Rematerialisation				<input type="checkbox"/> Lock-in.							

	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									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.