

APPLICATION FOR CLOSING AN ACCOUNT

NSDL IN300513

For Trading and DP Accounts

To,
SHAREKHAN LIMITED

Date	D	D	M	M	Y	Y	Y	Y
------	---	---	---	---	---	---	---	---

Registered Office Address : The Ruby, 18th Floor, 29 Senapati Bapat Marg, Dadar (West), Mumbai – 400 028, Maharashtra, INDIA Tel: 022 - 6750 2000 I Fax: 022 - 2432 7343 I Website: <https://www.sharekhan.com>

Correspondence Office Address : 10th Floor, Gigaplex Bldg. No. 9, Raheja Mindspace, Airoli Knowledge Park Rd, MSEB Staff Colony, TTC Industrial Area, Airoli, Navi Mumbai, Maharashtra 400708, India. Tel: 022 - 61169000/ 61150000; Fax no. 61169699 • DP ID IN300513 • DP SEBI REG. NO. IN-DP-365-2018 • For inquires & queries email at dpccall@sharekhan.com

1. ☐ I/We hereby request you to close my/our Trading account with you : _____
2. ☐ All Segment ☐ Equity / Currency Derivative / F&O
3. ☐ I/We hereby request you to close my/our DP account with you:

--	--	--	--	--	--	--	--

We undertake to indemnify and reimburse Sharekhan Ltd. for any losses/cost which the company may incur on account of our transactions and it will be fully binding on my/our heirs/nominees.

Name of the holder(s)	
Sole/First Holder	
Second Holder	
Third Holder	

4. Reason/s for Closure of depository account _____

5. Please tick the applicable option(s)

<input type="checkbox"/> Option A [There are no balances / holdings in this account]																											
<input type="checkbox"/> Option B [Transfer the balances/holdings in this account as per details given]	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; vertical-align: top;"> <input type="checkbox"/> Transfer to my/our own account (Provide target account details and enclose Client Master Report of Target Account) <input type="checkbox"/> Transfer to any other account (Submit duly filled Delivery Instruction Slip signed by all Holders) </td> <td style="width: 60%; text-align: center;"> Target Account Details </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> NSDL DP ID </td> <td style="text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> CDSL Client ID </td> <td style="text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> </td> </tr> </table>	<input type="checkbox"/> Transfer to my/our own account (Provide target account details and enclose Client Master Report of Target Account) <input type="checkbox"/> Transfer to any other account (Submit duly filled Delivery Instruction Slip signed by all Holders)	Target Account Details	<input type="checkbox"/> NSDL DP ID	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>											<input type="checkbox"/> CDSL Client ID	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										
<input type="checkbox"/> Transfer to my/our own account (Provide target account details and enclose Client Master Report of Target Account) <input type="checkbox"/> Transfer to any other account (Submit duly filled Delivery Instruction Slip signed by all Holders)	Target Account Details																										
<input type="checkbox"/> NSDL DP ID	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																										
<input type="checkbox"/> CDSL Client ID	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																										
<input type="checkbox"/> Option C [Rematerialise / Reconvert (Submit duly filled Remat / Reconversion Request Form-for mutual fund units)]																											

	Sole/First Holder	Second Holder	Third Holder
6. Signature(s)			

For Office Use :

Scrutinizer : _____

Maker : _____

Checker : _____

BRANCH STAMP

HO STAMP

Signature of the Authorised Signatory

Seal/ Stamp of Participant

Date

Note : Please do submit Separate application for Product Deactivation

In case of any clarification, feel free to contact your branch/relationship manager or call on 022- 41523200 / 61151111 / write to us at igc@sharekhan.com
Compliance Officer - Mr. Joby John Meledan - Email complianceofficer@sharekhan.com Contact No. 022-62263303