



NIRMAN SHARE BROKERS (PVT.) LTD.

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CDSL

ACCOUNT CLOSURE REQUEST FROM

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

(To be filled by the BO. Please fill all the details in Block Letters in English)

Dear Sir/Madam,

I/We the Sole Holder/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 Holders Detail																				
DP ID	1	2	0	5	9	5	0	0	CLIENT ID	0	0									
Name of the First/ Sole Holder																				
Name of the Second Holder																				
Name of the Third Holder																				
Correspondence Address																				
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"/> Yes <input type="checkbox"/> No.										
<input type="checkbox"/> Partly Rematerialized and partly transferred										<input type="checkbox"/> Rematerialized										
<input type="checkbox"/> Transferred to another account (Number given below)										<input type="checkbox"/> Not applicable										
DP ID									CL 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 of Dematerialized <input type="checkbox"/> Frozen <input type="checkbox"/> Pending of Rematerialized <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.

For Office Use only:-

Received by Verified By Entered By

DP seal & Signature

Application No. _____ Date: _____
We hereby acknowledge the receipt of your instruction for closing the following Account subject to verification:

DP ID	1	2	0	5	9	5	0	0	CL ID	0	0								
Name of the First/ Sole Holder																			
Name of the Second Holder																			
Name of the Third Holder																			
Correspondence Address																			

DP Seal & Signature

Instructions to Account Holder(s)

- o Submit a duly-filled RRF if the balances are to be rematerialized.
- o 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". x