



**NIRMAN SHARE BROKERS (PVT.) LTD.** [CIN NO.U67120MP2001PTC014523]

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Depository Participant ID-12059500 SEBI REGN.IN DP- CDSL-494-2008



**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:

<b>Account Holders Detail</b>																		
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.									
Partly Rematerialized and partly transferred									Rematerialized									
Transferred to another account (Number given below)									Not applicable									
DP ID									CL ID									
Balance present in A/c For									Ear – Marked Pledged									
(To be filled by DP, if applicable)									Pending of Dematerialized Frozen									
									Pending of Rematerialized 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.

	<b>First /Sole Holder</b>	<b>Second Holder</b>	<b>Third Holder</b>
<b>Name</b>			
<b>Signature</b>			

\*If DP or CDSL initiates Account Closure, Signature(s) of account holder(s) not required.

**For Office Use only:-**

Received by	<div></div>	Verified By	<div></div>	Entered By	<div></div>
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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)**

- 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". x