



Account Closure Request Form

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

(To be filled by the BO (in case of BO-initiated closure). Please fill all the details in **Block Letters** in English)

To,
KALPALABDHI FINANCIALS PRIVATE LIMITED
Shop No.1A, Hare Krishna Nagar Building, Jawahar Road, Ghatkopar (E), Mumbai 400077.

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	9	4	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:															
Partly rematerialised and partly transferred.		<input type="checkbox"/> Rematerialised													
Transferred to another account (Number given below)		<input type="checkbox"/> Not applicable													
DP ID									Client ID						
Balance present in account for (To be filled by DP, if applicable)		Ear - marked				Pending for Dematerialisation				Pledged					
		Pending for Dematerialisation				Pending for Rematerialisation				Frozen					
										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 Hear)=====

Acknowledgement Receipt

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

DP ID	1	2	0	9	4	0	0	0	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

- o **Instructions to Account Holder(s)** 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"**.