

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 (in case of BO-initiated closure). Please fill all the details in Block Letters in English)								



Depository Participant :

SVV SHARES & STOCK BROKER PVT.LTD.

Address : A/1,Mandvi Navjeevan,121/127 Kazi Syed Street,Groun Floor, Masjid Bander,Mumbai – 400003.

Depository Participant ID : **12012000**

DP Sebi Regn No. : **IN-DP-CDSL-21-99**

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								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 account for (To be filled by DP, if applicable)	<input type="checkbox"/> Ear - marked	<input type="checkbox"/> Pledged												
	<input type="checkbox"/> Pending for Dematerialisation	<input type="checkbox"/> Frozen												
	<input type="checkbox"/> Pending for Rematerialisation	<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.

Acknowledgement Receipt

Application No.

Date :-

We hereby acknowledge the receipt of 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														

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**".

Depository Participant Seal and Signature

