

**APPLICATION FOR CLOSING NSDL Demat ACCOUNT
(For Beneficiary Account Only)**

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

To

DP Name

I	D	B	I	B	A	N	K
---	---	---	---	---	---	---	---

DP ID

I	N						
---	---	--	--	--	--	--	--

DP Address: _____

1. I / We hereby request you to close my / our account with you as per the following details:

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

2. Reason/s for Closure of depository account: _____

3. Client Id (of account to be closed)

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

4. Please tick the applicable option(s)

Option A [There are no balance / holdings in the account]													
<input type="checkbox"/> Option B [Transfer the balances / holdings in this account as per details given]	Target Account Details												
	<input type="checkbox"/> Transfer to my / our own account [Provide target account details and enclosed Client Master Report of Target Account]	<input type="checkbox"/> NSDL	DP ID										
	<input type="checkbox"/> Transfer to any other account [Submit duly filled Delivery Instruction Slip signed by all holders]	<input type="checkbox"/> CDSL	Client ID										
Option C [Rematerialise / Reconvert (Submit dully filled Remat / Reconversion Request form-for mutual fund units)]													

5. Signature(s)

Sole / First Holder	
Second Holder	
Third Holder	

Acknowledgement

We hereby acknowledge the receipt of your request for closing the following Account subject to verification:

DP ID										Client ID							
Name of Sole / First Holder																	
Name of Second Holder																	
Name of Third Holder																	
Signature of Authorised Signatory										Seal /Stamp of Participant							
Date																	