

ANNEXURE Q
APPLICATION FOR CLOSING AN ACCOUNT (For Beneficiary Account only)

To,

Date	D	D	M	M	Y	Y	Y	Y
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Adroit Financial Services Private Limited

(Depository Participant-NSDL) DP ID IN302822
 Shop No.401-402, 4th floor, Angel Mega Mall,
 Plot no CK-I, Kaushambi, Ghaziabad, U.P.-201010
 PH. 0120-2817800, FAX-0120-2773056, E-mail: adroitdp@adroitfinancial.com

1. I/We hereby request you to close my/our account with you as per 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)

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

5. a I/ we request you not to close my/ our trading accounts

b I/we hereby request you to close my/our Trading account as per the following details.

Name of the client	
Trading Code (of account to be closed)	

6. Signature (s)

Sole/First Holder	Second Holder	Third Holder

Acknowledgement

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

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