From,										
To: R L P Securities Pvt. L Corporate Member – NS CDSL Depository Parti 202, 402 Nirmal Towe Punjagutta, Hyderabad-	SE, BSE & Mo cipant, ers, Dwarakap	CX-SX,			Date: Place:					
Dear Sir / Madam,										
Sub: Request for C	losure of T	rading Accou	nt - re	g.						
Ref: Trading A/c.:										
DP A/c. :_	_									
I / we request you to	close my /	our Trading A	/c. No.	W	vith immediate effect.					
Reason for Closing:										
and confirm 2. There are no	ceived and the balance pending du	gone through the of Rs Nil and the strom you, e	holdin ither in							
Thanking You, Yours truly,										
			Ø							
	Name		Signature							
Declaration Cum No	objection	from,								
For Sub Broker	Name & Sign	natures								
Branch In charge /	Name & Sign	natures								
For Office Use:										
Date Of Receipt	Accepted	& Processed D	Эер.	Back Office	Surveillance					



R L P SECURITIES PVT LTD

Regd. Office: 402, Nirmal Towers, Dwarakapuri Colony, Punjagutta, Hyderabad – 500 082 Admin. Office: 202, Nirmal Towers, Dwarakapuri Colony, Punjagutta, Hyderabad – 500 082 Ph: 040-66755863, 30603681 Fax: 040-66108495 E-Mail: dp_rlp@yahoo.com

Account Closure Request Form

SEBI REGN NO. IN-DP-CDSL-344-2006

Web Site: www.rlpsecurities.com

Application	No.					Date									
Closure I	nitiated by	d by DBO DP)P		11			CDSL				
0.0000		e filled	by th	е ВО	. Plea	ase fill all the	details i	in Bloc	k Let	ters	in En	glish))		
	wers, Dwaraka		lony												
	yderabad-5000	082													
Dear Sir / M		loldoro / /	Cuard	ion (i		o of Minor) / Cl	ooring M	lambar	*001100	st v.o	to d	m	/		with you
/ we the Sole om the date of	Holder / Joint H this application	The det	Guaru ails of	ian (ii mv/o	n cas	e or Millior) / Ci count are diven	earing iv	rember	reques	st you	to ci	ose m	y / our	account	with you
Account Hold		THE GE	<u> </u>	111770	ui uc	count are given	BCIOTTI								
DP ID 1		4 3	4	0	0	Client ID									
Name of the	e First / Sole	Holder													
	e Second Hol														
Name of the	e Third Holde	er													
Address for	Corresponde	ence													
City		State	1					PIN							
Details of re	emaining sec	urity ba	aland	ces il	n the	e account (if	anv)		<u> </u>		<u> </u>				
	Closing the				2 0220		<i>u.i.y,</i>								
	naining in the			f any	/) to	be:									
	naterialised a							☐ Rematerialised							
☐ Transferr	ed to anothe	r accou	nt (N	luml	oer g	given below))					Not a	applic	able	
DP ID						Client ID									
CLIENT NAM	E			l	l	I							l	<u> </u>	
DP NAME															
	sent in a/c f					- marked	_					Pledg	•		
(To be filled	l by DP, if ap	plicable	2)			ding for Dem ding for Rem						Froze Lock-			
				case o	of Ac	count Closure	due to	SHIFT	ING O		COU	IT:			
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	First /	/ Sole Holder Second Hol				nd Hold	lder Third Holder								
NAME															
SIGNATURE															
	Ø														
*If DP or C	<u> </u> DSL initiates	accoun	t clos	sure,	Sign	nature(s) of a	ccount	holder	r(s) no	ot re	quire	d.			
(For Office us						-Closing Of T									
The account i	is closed as ab	ove by v	erify	ing a	II the	particulars o	f pledge	e etc.,							
(Signature of	the staff mem					c) (Signature re No stamp								a/c)	
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Acknowledge	ement Receipt				_	on No.		Date	:						
	knowledge the r	eceipt of					the follo			subje	ct to v	erifica	ation: -		
DP ID						Client 1	ID								
	rst / Sole Holder	-													
Name of the Se								Reaso	n for C	loc: ···		1			
Name of the 11	nıra Holder	1						I KEASO	n tor (IOSHIP	_	I			1