



Tradewell

Plot # 1057-G, Road No 45
Jubilee Hills
Hyderabad -500033
Telangana, India
Tel. +91-40-23541258 Fax. +91-40-23541256
Email: info@tradewellmail.com

SEBI SINGLE REGN NO. INZ000171936 CORPORATE MEMBER: BOMBAY STOCK EXCHANGE MEMBER ID: 3187, NATIONAL STOCK EXCHANGE MEMBER ID: 12835

MULTI COMMODITY EXCHANGE OF INDIA LTD MEMBER ID: CDSL DPID NO.12052700, DP SEBI REG.NO. IN-DP-CDSL-432-2007

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)

To,
Tradewell Securities Limited
1057-G, Road no.45
Jubilee Hills, Hyderabad-500033

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.

===== (Please Tear Hear) =====

Acknowledgement Receipt

Application No.

Date :-

We hereby acknowledge the receipt of the 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									

Depository Participant Seal and Signature

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".