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 Telangana, India
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 Email: info@trdewellmail.com

SEBI REGN NO - NSE CASH : INB231283533 NSE F&O : INF231283533 NSE CURRENCY DERIVATIVES : INE231283533 BSE : INB011283539 MCX-SX CURRENCY DERIVATIVES : INE261283533
 FMC unique member code - MCX : MCX/TCM/CORP/1033 NCDEX : NCDEX/TCM/CORP/0854 CDSL : IN-DP- CDSL-432-2007

Account Closure Request Form (DP)

CDSL DP ID: 12052700

Application No. _____

Date: _____

Closure initiated by DP CDSL BO (To be filled by the BO. Please fill all the details in Block Letters in English)

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	1	2	0	5	2	7	0	0	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 rematerialized and partly transferred.										<input type="checkbox"/> Rematerialized													
		<input type="checkbox"/> Transferred to another account (Number given below)										<input type="checkbox"/> Not applicable													
DP ID																		Client ID							
Balance present in a/c for (To be filled by DP, if applicable)		<input type="checkbox"/> Ear - marked		<input type="checkbox"/> Pledged		<input type="checkbox"/> Lock-in.		<input type="checkbox"/> Pending for Dematerialization		<input type="checkbox"/> Pending for rematerialization		<input type="checkbox"/> Frozen.													
* If DP or CDSL initiates account closure, Signature(s) of account holder(s) not required.																									

	First / Sole Holder	Second Holder	Third Holder
Name			
Signature *			

Account Closure Request Form (Trading)

To,
Tradewell Securities Ltd.

Dear Sir,

I / We the holder of the trading account request you to close my / our account with you from the date of this application. The details of my/our account are given below.

Name of client :												Trading kyc code :												
Branch tag and name :						Sub-broker tag :				Sub-broker name :														
Segments for closure: <input type="checkbox"/> BSE <input type="checkbox"/> NSE <input type="checkbox"/> BSE FO <input type="checkbox"/> NSE FO <input type="checkbox"/> MCX <input type="checkbox"/> NCDEX <input type="checkbox"/> MCD <input type="checkbox"/> NSX																								

 Signature of Client

 Branch Approval

 Sub-broker Signature

Acknowledgement Receipt

Application No. _____

Date: _____

We hereby acknowledge the receipt of the your instruction for Closing the following Account subject to verification: -

DP ID	1	2	0	5	2	7	0	0	Client ID																	Trading kyc code :
Name of the First / Sole Holder																										
Name of the Second Holder																										
Name of the Third Holder																										
Reason for Closure																										

Instructions to Account Holder(s): 1. Submit a duly-filled RRF if the balances are to be rematerialized.
 2. Submit a duly-filled transfer form (off market instruction slip) if the balances are to be transferred to another A/c.

Depository Participant Seal and Signature