ANNEXURE Q

APPLICATION FOR CLOSING AN ACCOUNT (For Beneficiary Account only

| То | | | | | | | Date | D | D | M | M | Υ | Υ | Y |
|--|-------------------------|---|--|-----------------------------------|-------------|------------|----------|-------|-------|--------|----------|----------|-------|---|
| BgSE Financials L NO 51, Stock Exc Bangalore – 5600 DP ID – IN30214 | han 027 | ge Towe | ers, 1 st (| Cross, J | J C Road | | | | | | <u> </u> | <u> </u> | | |
| 1. I/We hereby req | lues | you to | close my | our acc | count with | you as | per foll | owin | g de | etails | s: | | | |
| | | | N | Name o | f the Hol | der(s) | | | | | | | | |
| Sole/First Holder | | | | | | | | | | | | | | |
| Second Holder | | | | | | | | | | | | | | |
| Third Holder | | | | | | | | | | • | | | | |
| 2. Reason /s for Clo 3. Client Id (of acco 4. Please tick the a Option A [The Option B [Transfer the | ount pplice re ar | to be clocable optore no bala | osed) ion (s): | ldings in | : : [| nt] | Target | Acco | unt | Detai | Ils | | |] |
| balances / Holdings in this account as per details given] | 2 7 1 (| account det Client Maste Account) Transfer to (Submit dul | tails and en er Report of any other a ly filled Deli Slip signed | nclose If Target account ivery | NSDL CDSL | DP IE | | | | | | | | |
| OPTION C [Rematerialise / Reco | onve | rt (submi | t duly fille | ed Remat | : / Reconve | ersion Red | quest Fo | rm- 1 | for M | lutua | l Fun | ıd Un | its | |
| Sole/First Holder | | $\overline{}$ | | | | | | | | | | | | |
| Second Holder | | | | | | | | | | | | | | |
| Third Holder | | | | | | | | | | | | | | |
| | | | | Ackno | owledger | ment | | | | | | | | |
| We hereby acknowl | leda | e the red | eipt of th | | | | g the fo | ollow | ing . | Acco | unt | subj | ect t | 0 |
| verification : | 3 | | • | , | • | | | | J | | | , | | |
| DP ID : IN 30214 | 8 | | | | CLII | ENT ID | <u> </u> | | | | | | | |
| Sole/First Holder | | | | | 1 | | | | | | | | | |
| Second Holder | | | | | | | | | | | | | | |

Signature of the Authorised Signatory

Date:

Third Holder

То

| | Λ | ٦ | -1 | _ | |
|----|---|---|----|---|---|
| 1) | Д | | | - | ۰ |

SIR,

| SUB: LOST/MISPLAC | ED DIS |
|-------------------|--------|
| CLIENT ID: | |

I herby confirm that the Delivery Instruction Slips, as per annexure was misplaced by me. I undertake that if the same is found, I will not utilize the DIS and return the same to you.

Thanking you,

Your's faithfully,

Signature of Holder (s)

| FOR OFFICE USE ONLY | | | | | | |
|-------------------------|--------------|-------------|--|--|--|--|
| | FRONT OFFICE | BACK OFFICE | | | | |
| Date of Account Opening | | | | | | |
| No. of Transactions | | | | | | |
| No. of Holdings | | | | | | |
| Dues | | | | | | |
| Verified By | | | | | | |
| Closed By | | | | | | |