

Account Closure Request Form

Application No.		Date							
Closure Initiated by	<input type="checkbox"/> BO <input type="checkbox"/> DP <input type="checkbox"/> CDSL								

(To be filled by the BO. Please fill all the details in **Block Letters** in English)

To,



ADROIT FINANCIAL SERVICES PVT. LTD.

401-402, 4th Floor, Angel Mega Mall, Plot No. CK-I
Kaushambi, Ghaziabad, U.P. – 201010
Ph. 0120- 6826800 , Email : customercare@adroitfinancial.com
DPID – 46700

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	4	6	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 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 a/c 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 TRANSACTION 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 Here)=====

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 transfer form (off market instruction slip) if the balances are to be transferred to another A/c. This requirement is not applicable in the case of **"SHIFTING OF ACCOUNT"**