

**FORM 34**

**APPLICATION FOR CLOSING AN ACCOUNT**

(For Beneficiary Account only)

Date	D	D	M	M	Y	Y	Y	Y
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To,

DP Name: BgSE Financials Limited

DP Address: No.51, Stock Exchange Towers, 1st Cross J C Road, Bangalore - 560 027

DP ID: IN302148

1. I / We hereby request you to close my/our account with you as per following details:

Name of the holder(s)	
Sole/ First Holder	
Second Holder	
Third Holder	

2. Reason/s for Closure of depository account ([optional](#)) \_\_\_\_\_

3. **Client ID** (of account to be closed) 

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4. Please tick the applicable option(s)

<input type="checkbox"/> <b>Option A</b> [There are no balances / holdings in this account-]										
<input type="checkbox"/> <b>Option B</b> [Transfer the balances /holdings In this account as per details given]	<b>Target <u>Own</u> Account Details</b>									
	<input type="checkbox"/> NSDL	DP ID								
	<input type="checkbox"/> CDSL	Client ID								

5. **Signatures**

Sole//First Holder	
Second Holder	
Third Holder	

Acknowledgement													
We hereby acknowledge the receipt of your request for closing the following Account subject to verification:													
DP ID										Client ID			
Name of Sole/First Holder													
Name of Second Holder													
Name of Third Holder													
<b>Signature of the Authorised Signatory</b>										<b>Seal/Stamp of Participant</b>			
<b>Date</b>													