

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, DP / KYC Department Monarch Network Capital Limited Corp. Office: "MONARCH HOUSE", Opp. Ishwar Bhuvan, Commerce Six Roads, Navrangpura, Ahmedabad – 380 014 Tel: +91-79-2666 6500 Fax: +91-79-2666 6599
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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:

Depository Account Trading Account Both

Account Holder's Details																
DP ID	1	2	0	3	5	0	0	0	Client ID							
Client Code																
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.

Instructions to Account Holder(s)

1. Submit a duly-filled RRF if the balances are to be rematerialized.
2. 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**".

Acknowledgement Receipt

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

Application No.									DATE	D	D	M	M	Y	Y	Y	Y
DP ID	1	2	0	3	5	0	0	0	Client ID								
Name of First / Sole Holder																	
Name of Second Holder																	
Name of Third Holder																	
Reason for Closure																	

For Monarch Network Capital Limited