

### **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 (in case of BO-initiated closure). Please fill all the details in **Block Letters** in English)

To,  
 Motisons Share Private Limited  
 Motisons Tower 5<sup>th</sup> Floor, SB-110  
 Lal Kothi, Tonk Road, Jaipur- 302015

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	6	9	0	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				Country	India	PIN	

Reasons for Closing the Account											
<b>Details of remaining security balances in the account (if any)</b> 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 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.

## Account Closure Request Form

===== (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	1	2	0	6	9	0	0	0	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 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**".