

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,

KJMC Capital Market Services Limited
168, 16th Floor, Atlanta,
Nariman Point, Mumbai-400021

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	5	6	8	0	0	Client ID	0	0	0	0				
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.

===== (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	5	6	8	0	0	Client ID	0	0	0	0				
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)**