

CDBL Account Closing Form

Bye Law 7.7.1

Please fill in all the details in CAPITAL letters

Application No. Date

D D M M Y Y Y Y

To

(Depository Participant Name)

DP ID

I/We, the Sole Holder / Joint Holders / Guardian (in case of minors) / Clearing Member request you to close my / our Depository Account with you. The details of my / our account are as indicated below:

Account Holder's DetailsAccount ID

Name of Account Holder

Name of Second Account Holder

Name of Third Account Holder

Closure Details

Reason for Closure of Account

Details of Remaining Security Balances in the Account (if any)Whether to be partly rematerialized and partly transferred: YES ☐ NO ☐To be rematerialized: YES ☐ NO ☐ To be Transferred to another Account: YES ☐ NO ☐Whether any of the following is Applicable (To be filled by DP): Ear-marked ☐ Pledged ☐ Frozen ☐

| Name of Account Holder/s | Signature/s |
|--------------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

Authorized Signature of Depository Participant

Seal of CDBL Participant
