## **Account Closure Request Form**



Application No.							Date											
Closure Initiated by	ВО		DP		DSL	Clos	ire for	Гг	Den	nat		Tradii	nσ	Bo	th			
(To be filled by the BO (in case of BO-initiated closure). Please fill all the details in <b>Block Letters</b> in English)														.11				
To,																		
Mansukh Securities & Finance Limited Mansukh House, Plot no. 6, Pandav Nagar Opp. Mother Dairy, Delhi: 110092																		
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:															our /			
Account Holder's Details																		
DP ID 1	2 0	1 6	4	0		Client II	)											
TRADING ( NSE & 1	BSE)			•				1	1				<u> </u>	U.				
Name of the First / Sole Holder																		
Name of the Second H																		
Name of the Third Ho																		
Address for Correspon																		
riddress for correspon	idelice																	
													1					
City			Stat	e					PIN									
Details of remaining security balances in the account (if any)																		
Reasons for Closing th	ne Accou	nt				(== 55=-5)												
Balance remaining in the account (if any) to be:																		
<ul> <li>□ Partly rematerialised and partly transferred.</li> <li>□ Rematerialised</li> <li>□ Transferred to another account (Number given below)</li> <li>□ Not applicable</li> </ul>																		
DP ID		Client ID																
Balance present in account for				☐ Ear- marked						□ Pledged								
(To be filled by DP, if applicable)					<ul> <li>□ Pending for Dematerialisation</li> <li>□ Pending for Rematerialisation</li> <li>□ Lockin.</li> </ul>													
DECLARATION: In case of Account Closure due to SHIFTING OF ACCOUNT:																		
I/We declare an														hentio	,			
	First / Sole Holder						Second Holder						Third Holder					
Name																		
Signature																		
*If DP or CDSL initiates acc	count closu	ıre, Signa	ture(s)	of acco	ount hol	der(s) not red	uired.											
=======================================						=(Please Tear	Hear)==								===			
Application No.				A		ledgement R	,		Date									
We hereby acknowledge the receipt of the your instruction for Closing the following Account subject to verification: -																		
DP ID Client ID Name of the First / Sole Holder																		
Name of the Second Ho																		
Name of the Third Hold	der																	
Reason for Closure													1					

**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".