Account Closure Request Form

	10							 	
Application No.				Date	DD	MINA	MYY		
Closure Initiated by	? BO	? DP	? CDSL						

(To be filled by the BO (in case of BO-initiated closure). Please fill all the details in Block Letters in English)

Trusted Shares & Inv. Ltd. 112 Churchgate Chamber, 5 New Marine line, Mumbai 20

Dear Sir / Madam,

I / We the Sole Holder / Joint Holders / Guardian (in case of Minor) / Clearing Member request you to close my / our

						my/our ac										
Account Holder's Deta	ils															
DP ID		$\neg \top$	T			Client I	D									
Name of the First / Sole	Holder								, i							
Name of the Second Ho	lder				U											
Name of the Third Hold	er										HE					
Address for Correspond	ence															
						£ .										
																39
City					State	1				PIN	T	T	T		T	
Details of remaining s	ecurity ba	lances	in the	e accou	nt (if	any)									_	
		lances	in the	e accou	nt (if	any)										
Reasons for Closing the	Account		-		nt (if	any)				- 4						
Reasons for Closing the Balance remaining in th	Account (if any) t	to be :		nt (if		materi	alised								
Reasons for Closing the Balance remaining in the ? partly rematerialised a	Account e account (and partly tr	if any) t	to be :		nt (if	? Rei	materi									
Reasons for Closing the Balance remaining in the ? partly rematerialised a ? Transferred to anothe	Account e account (and partly tr	if any) t	to be :			? Rei						T		T		
Reasons for Closing the Balance remaining in the ? partly rematerialised a ? Transferred to anothe DP ID	Account e account (and partly to r account (if any) t	to be :		10	? Rei				Pled	ged		I			
Reasons for Closing the Balance remaining in the partly rematerialised and Transferred to another DP ID Balance present in acceptance.	Account te account (and partly tr r account (count for	if any) t	to be :		C? Ear	? Rei ? No lient ID	t appli	cable	1		-	Froz	I			
Balance remaining in the partly rematerialised and Transferred to another DP ID	Account te account (and partly tr r account (count for	if any) t	to be :		C ? Ear ? Per	? Rei ? No lient ID - marked	t appli lemate	cable	?	ľ	?	Froz				

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 *			
Signature (1)	*	-	

Signature(s) of account holder(s) not required. initiates account closure,

Acknowledgement Receipt

Application No.

Date :-

instruction for Closing the following Account subject to verification: -

DP ID				Client ID				
Name of the Firs	t / Sole Hold	er						
Name of the Sec								
Name of the Thi	rd Holder							
Reason for Closu	ıre							

Trusted Shares & Inv. Ltd.

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".