

Account Closure Form

Share India Securities Ltd
 A-15, Sector -64,
 Noida, Uttar Pradesh-201301

Trading Account Only
 Demat Account Only
 Both Demat & Trading Account

Application No.		Date						
Closure Initiated by	<input type="checkbox"/> BO <input type="checkbox"/> DP <input type="checkbox"/> CDSL							

(Please fill all the details in **Block Letters** in English)

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 TRADING CODE-----

DP ID	1	2	0	3	8	0	0	0	Client ID	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="radio"/> Partly rematerialised and partly transferred.									<input type="radio"/> Rematerialised								
<input type="radio"/> Transferred to another Account (Number given below)									<input type="radio"/> Not applicable								
DP ID	1	2	0	3	8	0	0	0	Client ID	0	0						
Balance present in a/c for (To be filled by DP, if applicable)									<input type="checkbox"/> Ear – marked			<input type="checkbox"/> Pledged <input type="checkbox"/> Frozen <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 you is instruction for closing the following Account subject to verification: -

DP ID	1	2	0	3	8	0	0	0	Client ID	0	0						
Name of the First/ Sole Holder																	
Name of the Second Holder																	
Name of the Third Holder																	
Reason for Closure																	

Depository Participants Seal & Signature

Instructions to Account Holder(s)

- o Submit a duly filled up RRF if the balances are to be rematerialized.
- o Submit a duly filled Delivery Instruction Slip (DIS) (off market instruction slip) if the balances are to be transferred to another A/c. This requirement is not applicable in the case of “ SHIFTING OF ACCOUNT.”