

## Account Closure Request Form

Application No.		Date								
Closure Initiated by	Q BO	Q DP	Q CDSL							

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

**HPMG SHARES & SECURITIES PVT LTD B-201/202 RAJKAMAL NEXT TO SHRIJI ARCADE KANDIVALI WEST MUMBAI 400067**

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 explication. The details of my/our account are given below:

<b>Account Holder's Details</b>															
DP ID	1	2	0	6	9	2	0	0	Client ID						
Name of the First / Sole Holder															
Name of the Second Holder															
Name of the Third Holder															
Address for Correspondence															
City				State				PIN							
<b>Details of remaining security balances in the account (if any)</b>															
Reasons for Closing the Account															
Balance remaining in the account (if any to be :															
Q Partly rematerialized and partly transferred.						Q Rematerialized									
Q Transferred to another account (Number Given below)						Q Not applicable									
DP ID									Client ID						
Balance present in account for (To be filled by DP, if applicable)						Ear - marked		Pledged							
						Pending for Dematerialization		Frozen							
						Pending for Rematerialisation		Lock-in							
<b>In case of Account Closure due to SHIFTING OF ACCOUNT:</b>															
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.

### Acknowledgement Receipt

**Application No.**

**Date:-**

We hereby acknowledge the receipt of the your instruction for Closino the following Account subject to verification: -

DP ID	1	2	0	6	9	2	0	0	Client ID						
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)**

- o Submit a duly-filled 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 Account. This requirement is not applicable in the case of "**SHIFTING OF ACCOUNT**".