

**Account Closure Request Form**

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

(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>															
<b>DP ID</b>	1	2	0	6	9	2	0	0	<b>Client ID</b>						
<b>Name of the First / Sole Holder</b>															
<b>Name of the Second Holder</b>															
<b>Name of the Third Holder</b>															
<b>Address for Correspondence</b>															
<b>City</b>				<b>State</b>				<b>PIN</b>							
<b>Details of remaining security balances in the account (if any)</b>															
<b>Reasons for Closing the Account</b>															
<b>Balance remaining in the account (if any) to be :</b>															
<input type="checkbox"/> Partly rematerialized and partly transferred.							<input type="checkbox"/> Rematerialized								
<input type="checkbox"/> Transferred to another account (Number Given below)							<input type="checkbox"/> Not applicable								
<b>DP ID</b>									<b>Client ID</b>						
Balance present in account for (To be filled by DP, if applicable)							<input type="checkbox"/> Ear - marked <input type="checkbox"/> Pledged <input type="checkbox"/> Pending for Dematerialization <input type="checkbox"/> Frozen <input type="checkbox"/> Pending for Rematerialisation <input type="checkbox"/> Lock-in								
<b>DECLARATION: In case of Account Closure due to SHIFTING OF ACCOUNT:</b>															
I/We declare and Confirm that all the transactions in my/our demat account are true/ authentic.															
	<b>First/Sole Holder</b>				<b>Second Holder</b>				<b>Third Holder</b>						
<b>Name</b>															
<b>Signature</b>															

\*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 Closing the following Account subject to verification: -

<b>DP ID</b>	1	2	0	6	9	2	0	0	<b>Client ID</b>					
<b>Name of the First / Sole Holder</b>														
<b>Name of the Second Holder</b>														
<b>Name of the Third Holder</b>														
<b>Reason for Closure</b>														

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".