

Account Closure Request Form

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

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

To,
EXCLUSIVE SECURITIES LTD.
113-B BLOCK, SILVER MALL, 8-A, RNT MARG
INDORE 452001

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:

Account Holder's Details																					
DP ID										Client ID											
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="checkbox"/> partly rematerialised and partly transferred. <input type="checkbox"/> Rematerialised																					
<input type="checkbox"/> Transferred to another account (Number given below) <input type="checkbox"/> Not applicable																					
DP ID										Client ID											
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 Dematerialisation			<input type="checkbox"/> Frozen		
										<input type="checkbox"/> Pending for Rematerialisation			<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 your instruction for Closing the following Account subject to verification: -

DP ID											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)

- 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".

Date:

**To,
The Director
Exclusive securities limited
Indore**

Subject: - DIS book lost.

Ref: B.O. Demat a/c No. 12043300-00_____
BO Name: - _____

Dear Sir,

I/we have above referred demat account in your depository and had been issued the delivery instruction slip booklet for transactions, which has lost.
I/we am submitting A/c closure form with this application. You are kindly requested to accept my DIS book lost requisition and receive my account closure form and oblige.

Thanking you.

Yours faithfully,