

Shriram Financial Services Private Limited

Reg. Off: Rukmini Towers, 3rd & 4th Floor, # 3/1, Platform Road, Sheshadripuram
 Bangalore – 560020 | Ph: 080 - 43676869, Fax No.: 080 - 43676899

**Application for Closure of Demat Account - NSDL / CDSL**Date: Client id (of account to be closed) NSDL CDSL Closure Initiated by ☐ BO ☐ DP ☐ DepositoryTrading Code: **I / We hereby request you to close my/our account with you as per following details:**Sole/ First Holder: Second Holder: Third Holder: Address for Correspondence

* Please tick the reason for closing the Demat Account :

☐ Consolidation of Accounts ☐ Stopped trading ☐ Relocation to abroad ☐ Others (Please specify):
*** Please tick the applicable option(s): (*Marked is a Mandatory Field)**

☐ Option A (There are no balances / holdings in this account)																						
☐ Option B (Transfer the balances/ holdings in this account as per details given)	☐ Transfer to my/our own account (Provide target account details and enclose Client Master Report of Target account)	Target Account Details <table border="1"> <tr> <td>☐ NSDL</td> <td>DP ID</td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>☐ CDSL</td> <td>Client ID</td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	☐ NSDL	DP ID									☐ CDSL	Client ID								
	☐ NSDL		DP ID																			
	☐ CDSL	Client ID																				
	☐ Transfer to any other account (Submit duly filled Delivery Instruction Slip signed by all holders)																					
☐ Partly rematerialised & partly transferred																						
☐ Option C (Rematerialise / Reconvert (Submit duly filled Remat / Reconversion Request Form-For Mutual Fund Units)																						

☐ Kindly block the Delivery Instruction book issued to me / us. I/we wish to confirm the same is misplaced.

Declaration: I / We declare and confirm that all the transactions in my/our demat account are true /authentic

SIGNATURE OF SOLE/FIRST HOLDER

SIGNATURE OF SECOND HOLDER

SIGNATURE OF THIRD HOLDER

Branch Details: Branch Name R M Name Reg No: Contact No: Closure
Approved By:Name: Signature: **For Office Use:** Balance Present in account for (To be filled by DP, if applicable)
☐ Ear - Marked ☐ Pledged ☐ Forzen ☐ Pending for demat ☐ Pending for remat ☐ Lock-in

Processed By:	Verified By:	DPM Ref No	S I Code	Ledger Balances:	Trading A/C :
			C I Code		Demat A/C :

Note:

Please submit latest self attested holding statement in case of closure-cum-transfer along with the form.

If Unused DIS is misplaced/lost, please tick the above declaration and submit self attested ID proof along with the form.

Acknowledgement

We hereby acknowledge the receipt of your request for closing the following Account subject to verification

DP ID

--	--	--	--	--	--	--	--

Client id

--	--	--	--	--	--	--	--

Sole/ First Holder:

--

Second Holder:

--

Third Holder:

--

Signature of the Authorised Signatory

Date

Seal/ Stamp of Participant

Request for Closure of Trading Account

Date: ____/____/____

Branch: _____

To,
The Manager,
Client Registration Department,
Shriram Financial Services Private Limited
Reg. Off: Rukmini Towers, 3rd & 4th Floor,
3/1, Platform Road, Sheshadripuram
Bangalore - 560020

Dear Sir,

I/We hereby request you to close my/our Trading account with you with following account details.

Client Name	
-------------	--

Trading A/C No	
----------------	--

Reason Of Closure:	
--------------------	--

I declare and confirm that all the transactions in my trading account are true /authentic and I do not have any grievances / complaints with Shriram Financial Services Private Limited with regard to transactions in my trading account”

Yours truly,

X

Client Signature

To Be filled by Branch		For Head office
Branch Stamp:	Particulars of Employee accepting the request	
	Name:	Entered By:
	Emp id:	
	Designation:	Verified By:
Signature:		