

**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)



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<b>DP-ID IN 14100</b>
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<b>DP-ID IN 14101</b>
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<b>DP-ID IN 14102</b>
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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:

<b>Account Holder's Details</b>											
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			
<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 :											
<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														

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".

**Depository Participant Seal and Signature**