

ANNEXURE Q

Date

APPLICATION FOR CLOSING AN ACCOUNT (For Beneficiary Account only)

Alankit ASSIGNMENTS LIMITED

To,

DP ID :- IN300118

1E/13, Ground Floor, Jhandewalan Extn.,
New Delhi-110055 (INDIA)
E-mail : info@alankit.com
Manager DP Operation Ms Asha Khanna
(Mobile) 9582200543
(D No.) 011-42541899 Ext.-899
E-mail ID :- ashak@alankit.com

DP ID :- IN301160

201-203, K.J. City Tower, Ashok Marg 'C' Scheme, Jaipur 302001
Tel.: 0141-4139311-1314-15, Fax: 0141-2374535
0141-2374531-33,041-4193311, 14, 15
E-mail: alankitjpr@alankit.com
Manager Incharge Abhinav Sharma
Mob : 9672973670
Email: abhinavs@alankit.com Tel.: (Direct) 0141-4093302

DP ID :- IN301186

Lata Areade 1st Floor, 87, Civil Lines,
Near Ayub Khan Churaha,
Bareilly-243001 Tel : 0581-2551091-2551164
Mobile : 9411218934
E-mail : alankitbly@alankit.com
Branch in Charge Mr. Ajay Agarwal
Contact No. : 0581-25511-65

1. I/We hereby request you to close my/our account with you as per following details :

Name of the holder (s)	
Sole / First Holder	
Second Holder	
Third Holder	

2. Reason/s for Closure of depository account :

3. Client ID (of account to be closed)

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4. Please tick the applicable options(s)

<input type="checkbox"/> Option A [There are no balances / holdings in this account]																						
<input type="checkbox"/> Option B [Transfer the balances / holdings in this account as per details given]	<input type="checkbox"/> 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><input type="checkbox"/> 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><input type="checkbox"/> CDSL</td> <td>Client ID</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	<input type="checkbox"/> NSDL	DP ID									<input type="checkbox"/> CDSL	Client ID								
	<input type="checkbox"/> NSDL		DP ID																			
<input type="checkbox"/> CDSL	Client ID																					
<input type="checkbox"/> Transfer to any other account (Submit duly filled Delivery Instruction Slip signed by all holders)																						
<input type="checkbox"/> Option C [Rematerialise / Reconvert (Submit duly filled Remat / Reconversion Request Form for mutual fund units)]																						

5. Signature (s)

Sole / First Holder	
Second Holder	
Third Holder	

Acknowledgement

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

DP ID		Client ID	
Name of Sole / First Holder			
Name of Second Holder			
Name of Third Holder			

Signature of the Authorised Signatory
Date

Seal / Stamp of Participant