

ACCOUNT CLOSURE REQUEST FORM

CDSL DP ID: 12033200 & 12033201

Trading
 DP
 Trading & DP

Date: _____

Closure initiated by DP CDSL BO (To be filled by the BO. Please fill all the details in Block Letters in English)

Dear Sir / Madam,

I/We the Sole 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	1	2	0	3	3	2	0	0	Client ID (Demat No)										
Name of the first / Sole Holder																			
Name of the Second Holder																			
Name of the Third Holder																			
Correspondence / Permanent Address																			
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 rematerialized and partly transferred. Rematerialized <input type="checkbox"/>																	
<input type="checkbox"/> Transferred to another account (Number given below) Not applicable <input type="checkbox"/>																	
DP ID																	
Client ID																	
Balance present in a/c for (To be filled by DP, if applicable) <input type="checkbox"/> Ear - marked <input type="checkbox"/> Pledged <input type="checkbox"/> Lock-in <input type="checkbox"/> Pending for Dematerialization <input type="checkbox"/> Pending for Rematerialization <input type="checkbox"/> Frozen																	
If DP or CDSL initiates account closure, Signature(s) of account holder(s) not required. In cases of transfer cum closure, kindly ensure that the standing instruction is 'Yes' in the transferee's BO a/c																	

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 Signature	Second Holder Signature	Third Holder Signature
Signature*			

ACCOUNT CLOSURE REQUEST FORM (TRADING)

To,

Angel One Ltd.

Dear Sir,

I/We the holder of the trading a/c request you to close my/our account with you from the date of this application. The details of my/our account are given below:

Name of client:												Trading KYC Code:					
Branch tag & name:						Sub-broker tag:						Sub-broker name:					
Segment for closure: <input type="checkbox"/> BSE <input type="checkbox"/> NSE <input type="checkbox"/> BSE FO <input type="checkbox"/> NSE FO <input type="checkbox"/> MCX <input type="checkbox"/> NCDEX <input type="checkbox"/> MCD <input type="checkbox"/> NSX <input type="checkbox"/> All Segment																	

Reasons for closing the account
 Service issue
 Shifting to copetion
 Not interested trading
 Other (_____)

 Signature of Client

 Branch Approval

 Sub-broker Signature

For Office Use Only

Maker	Checker

Branch Receiver Stamp	HO Receiver Stamp
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1 2 0 3 3 2 0 0 & 1 2 0 3 3 2 0 1 Acknowledgment Receipt

Date: _____

We hereby acknowledge the receipt of the your instruction for Closing the following Account subject to verification:-

DP ID	1	2	0	3	3	2	0	0	Client ID									Trading KYC Code:
Name of the first / Sole Holder																		
Name of the Second Holder																		
Name of the Third Holder																		
Reason for Closure																		

Instruction to Account Holder(s): 1. Submit a duly - filled RRF if the balances are to be dematerialized.
 2. Submit a duly-filled transfer form (off market instruction slip) if the balance are to be transferred to another A/c.

Depository Participant Seal & Signature