

**ANNEXURE QA**  
**APPLICATION FOR CLOSING AN ACCOUNT**  
**(For Clearing Member Account only)**

To,  
**Religare Broking Limited | DP ID : IN301774**  
A-3/4/5, Prius Global, Sector-125, Noida-201301 (UP)  
Email id: wecare@religareonline.com

Date	D	D	M	M	Y	Y	Y	Y
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**1. I / We hereby request you to close my/our account with you as per following details**

<b>Name of the Clearing Member</b>								
<b>Client ID</b>								
<b>DP ID</b>	I	N	3	0	1	7	7	4
<b>CM-BP ID</b>								
<b>CC-CM ID</b>								

**2. Reason for Closure (Please tick )**

<input type="checkbox"/> Shifting of Account
<input type="checkbox"/> Others (Please specify, _____)

**Note for Participant:**  
In accordance with stipulated procedure for Account Shifting of Clearing Member, if the reason for closure is “Shifting of Account,” Participant must close account in the DPM System only after receipt of confirmation from NSDL

**3. Signature(s)**

Name of the Authorised Signatories	Signature(s)

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Acknowledgement	
We hereby acknowledge the receipt of the your request for closing the following Account subject to verification:	
DP ID	I N 3 0 1 7 7 4
Client ID	
CM-BP-ID	
CC-CM-ID	
Name of Clearing Member	
Signature of the Authorised Signatory	Seal/ Stamp of Participant
Date	