RELIGARE | BROKING
Values that bind

APPLICATION FOR CLOSING AN ACCOUNT
[For Beneficiary Account(s)]

To,
Religare Broking Limited | DP ID : IN301774
Club 125 (Tower A) A-3,4 & 5, Sector- 125, Noida-201301 (U.P.)

Date	D	D	M	M	Y	Y	Y	Y

Acknowledgement no
SCL-091381

1. I / We hereby request you to close account & disable POA if POA enabled in my/our with you as per following details.

CLOSURE TO BE EFFECTED IN *(Please tick appropriate option)*	**Depository Account** ☐ | **Trading Account** ☐ | **Trading + Depository Account** ☐

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

2. Reason/s for Closure of depository and/or trading account: ....

3. Client Account Detail (to be closed): **Demat Client Id** ☐☐☐☐☐☐☐☐ **Trading Code** ☐☐☐☐☐☐☐☐

With closure of requested account, any Power of Attorney given on linked demat/trading account stands withdrawn

4. Please tick the applicable option(s)

☐ **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)
- ☐ **Transfer to any other account** (Submit duly filled Delivery Instruction Slip signed by all holders)

Target Account Details									
NSDL	DP ID								
☐ CDSL	Client ID								

☐ Option C [Rematerialise / Reconvert (Submit duly filled Remat/ Reconversion Request Form for mutual fund units)]

5. Signature(s)

Sole/First Holder Signature	**Second Holder Signature**	**Third Holder Signature**

Instructions : **1.** Please surrender all unutilized Instruction Slips along with this Closure Request. 2. Account will be closed, subject to NO HOLDINGS and SIGNATURE VERIFICATION as on records. 3. In case of joint holders, all holders must sign. 4. Please clear the DP dues, if any. 5. Ledger balance in your account should have NIL / Credit Balance. 6. In case of any credit balance lying in your trading account, same shall be returned to your registered bank account under which last payout have earlier issued.

ATTESTATION / FOR OFFICE USE ONLY

IPV Details (Mandatory for Shifting cum Closure)

Name of the person who has done the IPV: ____________________

Designation:____________________ Employee ID: ____________________

Name of Sub-Broker/Authorised Person ____________________

Name of the Organization: **Religare Broking Ltd.** Emp. Branch ____________________

Date of IPV: D D / M M / Y Y Y Y

____________________ Signature of the person who has done the IPV

Branch Receiving Stamp

☐ Original Verified, Self Attested Documents & Certified copies received **Date** D D M M Y Y Y Y

Date D D M M Y Y Y Y

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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	**Demat Client ID:**	**Trading Code:**

Name of Sole / First Holder	
Name of Second Holder	
Name of Third Holder	
Signature of the Authorised Signatory **Date**	**Seal/ Stamp of Participant**