

## 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.)  1. I / We hereby request you to close account & disa		able POA if POA enab	Date D D	M M Y Y Y Y  Acknowledgement no  SCL-091381  with you as per following details.
CLOSURE TO BE EFFECTED IN (Please tick appropriate option)			ling + 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Code  With closure of requested account, any Power of Attorney / DDPI given on linked demat/trading account stands withdrawn  4.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]				
account [Transfer the balances / holdings in this account as per details  account (Provide ta and encloss of Target A Transfer to (Submit do	to my / our own target account details se Client Master Report Account) to any other account luly filled Delivery on Slip signed by all	NSDL DP ID  CDSL Client		nt Details
Option C [Rematerialise / Reconvert (Submit duly filled Remat/ Reconversion Request Formfor mutual fund units)]				
5. Signature(s)				
Sole/First Holder Signature  Second Ho		older Signature	Thir	d 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				anch Receiving Stamp
Date of IPV: D D / M M / Y Y Y Y Signature of the person who has done the IPV				
Original Verified, Self Attested Documents & Certified copies received Date D M M V V V V D Date D D M M V V V V V				
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		iat Giletit ID.	1140	ang couci
Name of Second Holder				
Name of Third Holder				
				Seal/ Stamp of Participant
Date				