

**Account Closure Request Form**

Application No.		Date											
Closure Initiated by	<input type="checkbox"/> BO	<input type="checkbox"/> DP	<input type="checkbox"/> CDSL										

(To be filled by the BO. Please fill all the details in **Block Letters** in English)

To,

**R WADIWALA SECURITIES PVT LTD**

**9/2003-04, VISHNU PRIYA,  
LIMDA CHOWK, MAIN ROAD,  
SURAT- 395003**

Dear Sir / Madam,

I / We the Sole Holder / Joint 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	4	3	1	0	0	Client ID				
Name of the First / Sole Holder													
Name of the Second Holder													
Name of the Third Holder													
Address for Correspondence													
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 rematerialised and partly transferred.						<input type="checkbox"/> Rematerialised							
<input type="checkbox"/> Transferred to another account (Number given below)						<input type="checkbox"/> Not applicable							
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"/> Pending for Dematerialisation			<input type="checkbox"/> Frozen.				
						<input type="checkbox"/> Pending for Rematerialisation			<input type="checkbox"/> Lock-in.				

	First / Sole Holder	Second Holder	Third Holder
Name			
Signature *			

**SIGN VERIFIED BY****Depository Participant Seal and Signature**

\*If DP or CDSL initiates account closure, Signature(s) of account holder(s) not required.

======(Please Tear Here)=====

**Acknowledgement Receipt****Application No.****Date :-**

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

DP ID	1	2	0	4	3	1	0	0	Client ID				
Name of the First / Sole Holder													
Name of the Second Holder													
Name of the Third Holder													
Reason for Closure													

**Instructions to Account Holder(s)****Depository Participant Seal and Signature**

- Submit a duly-filled RRF if the balances are to be rematerialized.
- Submit a duly-filled transfer form (off market instruction slip) if the balances are to be transferred to another A/c.