



Reg. Office Express Zone, A Wing, 10th Floor, WesternExpress Highway, Goregaon (East), Mumbai – 400063 Maharashtra

Processing Office: Plot no CYB-2, Cyber Park, Heavy Industrial Area, Near Jodhpur Dairy, Jodhpur 342003 ,Tel No 0291-7105560 E-mail: dp@rathi.com DP ID- 12010600

CIN: U67120MH1991PLC064106

Account Closure Request Form

Application No.				Date	D	D	M	М	Υ	Υ	Υ	Υ
Closure Initiated by	ВО	DP	CDSL	*								

(To be filled by the BO (in case of BO-initiated closure). Please fill all the details in Block Letters in English)

Dear Sir / Madam

unt with

I / We the Sole Holder / Joint Holders / Guyou from the date of this application. The c		case of Mino	r) / Clearing Mem	her reau					
you from the date of this application. The o		case or r mile	in j j Cicaring i icini	oci i cqu	est yo	u to ci	ose r	ny /	our acco
r ʻ	details of i	my/our accou	ınt are given belov	v:					
Account Holder's Details									
DP ID			Client ID Name	of					
the First / Sole Holder									
Name of the Second Holder									
Name of the Third Holder									
Address for Correspondence									
City		Chaha	1	1 7	TAL I			_	
City	ļ	State			PIN				oxdot
Details of vernaining accounts below as	: 4b								
Details of remaining security balances	in the a	ccount (if a	ny)						
Reasons for Closing the Account	4a ba .								
Balance remaining in the account (if any) partly rematerialised and partly transferred			Domatorialico	4					
Transferred to another account (Number		OW	Rematerialise Not applicable						
DP ID	given bei		ent ID	-			_		
Balance present in account for			marked		l	edged		_	
(To be filled by DP, if applicable)			ng for Demateriali	sation		ozen			
(**************************************			ng for Remateriali			ock-in			
									1
DECLARATION: In case of A	ccount C	losure due	SHIFTING OF		NIT.				
·			10 21111 11140 01	ACCOU	IN I :				
I/Me declare and confirm that al	l the trans					ıthant	ic		
I/We declare and confirm that al	I the trans					uthent	ic.		
		sactions in m	y/our demat acco		rue/ a				
First / Sole Holde		sactions in m			rue/ a	uthent		r	
		sactions in m	y/our demat acco		rue/ a			r	
First / Sole Holde		sactions in m	y/our demat acco		rue/ a			r	
Name First / Sole Holde		sactions in m	y/our demat acco		rue/ a			r	
Name Signature *	er	Seco	y/our demat acco	unt are t	rue/ a			r	
First / Sole Holde	gnature(s	Second Sec	y/our demat acco	unt are t	rue/ a	nird H	olde		
Name Signature *	gnature(s	Second Sec	y/our demat acco	unt are t	rue/ a	nird H	olde		
Name Signature * *If DP or CDSL initiates account closure, Si	gnature(s	Second Sec	y/our demat acco	unt are t	rue/ a	nird H	olde		
First / Sole Holde Name	gnature(s	Secondary of account Please Tear Howledgeme	holder(s) not requested receipt	unt are t	Th	nird H	olde	-==	
*If DP or CDSL initiates account closure, Si ===================================	gnature(s	Seconds: Seconds: a) of account Please Tear Howledgeme	holder(s) not requester) ear) ======	unt are t	Th	nird H	olde	-==	
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Depository Participant Seal and Signature

Instructions to Account Holder(s)

- Submit a duly-filled RRF if the balances are to be rematerialized.
- Submit a duly-filled Delivery Instruction Slip [DIS] (off market instruction slip) if the balances are to be transferred to another Account. This requirement is not applicable in the case of **"SHIFTING OF ACCOUN**