

ACCOUNT CLOSURE REQUEST FORM

Closure Initiated by: BO DP CDSL

Application No

Date

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

Agroy Finance and Investment Ltd
A-21 Kailash Colony, New Delhi 110048

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:

A. ACCOUNT HOLDER DETAILS

First Holder Name DP ID 12060700
Second Holder Name BO ID
Third Holder Name
Address for Correspondence
City: State: PIN:

B. DETAILS OF REMAINING SECURITY BALANCES IN THE ACCOUNT (IF ANY)

Reasons for Closing the Account

Balance remaining the account (if any) to be (select one):

- Partly rematerialized and partly transferred
 Rematerialized
 Transfer to following account: DP ID BO ID
 Not applicable

Please attach a copy of Client Master for the new account

To be filled by DP if applicable Ear-marked Pledged
Balance present in account for: Pending for Dematerialisation Frozen
 Pending for Rematerialisation Locked

C. DECLARATION

I / We declare and Confirm that all the transactions in my/our demat account are true/authentic

	First / Sole Holder	Second Holder	Third Holder
Signature*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Client Master:

Wet Signature: