

## Account Closure Request Form

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

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

To,  
**Moneylicious Securities Private Limited**  
 24 A & B, Adhyaru Industrial Estate,  
 Sunmill Compound, Lower Parel (W). Mumbai -13

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:

<b>Account Holder's Details</b>											
<b>DP ID</b>	1	2	0	8	3	4	0	0	<b>Client ID</b>		
Common Client Code											
Segments to be closed		<input type="checkbox"/> All <input type="checkbox"/> Cash <input type="checkbox"/> Derivative <input type="checkbox"/> Currency Derivative									
Name of the First / Sole Holder											
Name of the Second Holder											
Name of the Third Holder											
Address for Correspondence											
City			State			PIN					
<b>Details of remaining security balances in the account (if any)</b>											
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 account 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					

### DECLARATION:

**In case of Account Closure due to SHIFTING OF ACCOUNT:** I/We declare and confirm that all the transactions in my/our demat account are true/ authentic.

	First / Sole Holder	Second Holder	Third Holder
Name			
Signature *			

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

=====-(Please Tear Hear)=====

### Acknowledgement Receipt

**Application No.**

**Date:-**

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

DP ID		Client ID	
Common Client Code			
Segments to be closed		<input type="checkbox"/> All <input type="checkbox"/> Cash <input type="checkbox"/> Derivative <input type="checkbox"/> Currency Derivative	
Name of the First / Sole Holder			
Name of the Second Holder			
Name of the Third Holder			
Reason for Closure			

**Depository Participant Seal and Signature**

#### Instructions to Account Holder(s)

- o Submit a duly-filled RRF if the balances are to be rematerialized.
- o 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 ACCOUNT"**.