

**ACCOUNT CLOSURE FORM**

Application No.: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Closure Initiated By : <input type="checkbox"/> BO <input type="checkbox"/> DP <input type="checkbox"/> NSDL <input type="checkbox"/> CDSL	Closure for : <input type="checkbox"/> Trading <input type="checkbox"/> Demat <input type="checkbox"/> Both
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To,

**Muni Broking House Limited**

The Legacy, Unit 41A/43, 25A Shakespeare Sarani, Kolkata – 700017

NSDL DP:

CDSL DP:

Dear Sir / Madam,

I /We the Sole Holder /Guardian (in case of Minor) 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						CLIENT ID													
TRADING ID																			
Name of the Sole Holder																			
Address for Correspondence																			
City										State					PIN				

**Details of remaining security balances in the account (if any) : (Please attach the annexure )**

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									

**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.

	<b>First / Sole Holder</b>
<b>Name</b>	
<b>Signature</b>	

\*If DP, NSDL 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 your instruction for closing the following Account subject to verification: -

DP ID						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)**

Submit a duly-filled RRF if the balances are to be rematerialised.

\*In case of demat accounts, deactivation will lead to a freeze being put on all credits and debits on the account.

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".

**Seal & Signature**