

**ACCOUNT CLOSURE REQUEST FORM**

Account Closure Type       Trading       Demat       Both

Client Code										Date (dd/mm/yyyy)	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.

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

DPID	1	2	0	9	6	8	0	0										
Name of First / Sole Holder	Mr/Ms			First Name				Middle Name				Last Name						
Name of Second Holder	Mr/Ms			First Name				Middle Name				Last Name						
Name of Third Holder	Mr/Ms			First Name				Middle Name				Last Name						
Address for Correspondence																		
City						State						Pin Code						

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	1	2	0	9	6	8	0	0										
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.

For WealthyIN Broking Private Limited

(Please Tear Here)

**Application No.:**

**Acknowledgement Receipt**

**Date:**

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

DP ID	1	2	0	9	6	8	0	0										
Name of First / Sole Holder	Mr/Ms			First Name				Middle Name				Last Name						
Name of Second Holder	Mr/Ms			First Name				Middle Name				Last Name						
Name of Third Holder	Mr/Ms			First Name				Middle Name				Last Name						
Reason for Closure																		

**Instructions to Account Holder(s):**

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

For WealthyIN Broking Private Limited