

Account Closure Request Form

Application No.		Date	D	D	M	M	Y	Y	Y	Y	
Closure Initiated by	BO	DP	CDSL								

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

To,
Mindex Capital Market Pvt. Ltd.
DP ID - 12078700
1306, Padma Tower -1
Rajender Place, Delhi – 110008
Tel : - 011 - 40904000

Dear Sir / Madam,

I / We the Sole Holder / Joint Holders / Guardian (in case of Minor) / Clearing Member request you to close my / our Demat () and/or Trading () account with you from the date of this application. The details of my/our account are given below:

Account Holder's Details											
DP ID :											
UCC :										Client ID	
Name of the First / Sole Holder											
Name of the Second Holder											
Name of the Third Holder											
Address for Correspondence											
City				State		PIN					
Details of remaining security balances in the account (if any)											
Reasons for Closing the Account											
Balance remaining in the account (if any) to be :											
☐ partly rematerialised and partly transferred.				☐ Rematerialised							
☐ Transferred to another account (Number given below)				☐ Not applicable							
DP ID										Client ID	
Balance present in account for (To be filled by DP, if applicable)				☐ Ear - marked				☐ Pledged			
				☐ Pending for Dematerialisation				☐ Frozen			
				☐ Pending for Rematerialisation				☐ 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 the your instruction for Closing the following Account subject to verification: -

DP ID										Client ID							
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