

Account Closure Request Form

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

(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 - IN305031
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 Here) =====

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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