

FORM 34**APPLICATION FOR CLOSING AN ACCOUNT***(For Beneficiary Account only)*

Date	D	D	M	M	Y	Y	Y	Y
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To,

DP Name:

DP Address:

DP ID:

1. I / We hereby request you to close my/our account with you as per following details:

Name of the holder(s)	
Sole/ First Holder	
Second Holder	
Third Holder	

2. Reason/s for Closure of depository account (
- [optional](#)
-) _____

- 3.
- Client ID**
- (of account to be closed)
- | | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

4. Please tick the applicable option(s)

<input type="checkbox"/> Option A [There are no balances / holdings in this account-]																			
<input type="checkbox"/> Option B [Transfer the balances /holdings In this account as per details given]	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <input type="checkbox"/> Transfer to my / our own (Provide target account details and enclose Client Master Report of Target Account) </div> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Transfer to any other account (Submit duly filled Delivery Instruction Slip signed by all holders) </div>																		
Target <u>Own</u> Account Details																			
<input type="checkbox"/> NSDL	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">DP ID</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	DP ID																	
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<input type="checkbox"/> Option C [Rematerialise / Reconvert (Submit duly filled Remat / Reconversion Request Form for mutual fund units)]																			

- 5.
- Signatures**

Sole//First Holder	
Second Holder	
Third Holder	

Acknowledgement																		
We hereby acknowledge the receipt of your request for closing the following Account subject to verification:																		
DP ID										Client ID								
Name of Sole/First Holder																		
Name of Second Holder																		
Name of Third Holder																		
Signature of the Authorised Signatory										Seal/Stamp of Participant								
Date																		