

**Account Closure Request Form**

Application No.		Date																		
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)

To,

**Raghunandan Capital (P) Ltd.**

26/257-B, Sultanganj, Near Ashish Palace, Agra-282004

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:

<b>Account Holder's Details</b>																																								
DP ID																				Client ID																				
Name of the First / Sole Holder																																								
Name of the Second Holder																																								
Name of the Third Holder																																								
Address for Correspondence																																								
City										State					PIN																									
<b>Details of remaining security balances in the account (if any)</b>																																								
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 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.

===== (Please Tear Hear) =====

**Acknowledgement Receipt****Application No.****Date :-**

We hereby acknowledge 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																																								

**Depository Participant Seal and Signature****Instructions to Account Holder(s)**

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