

## 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. Please fill all the details in **Block Letters** in English)

To,  
**B.N. RATHI SECURITIES LIMITED**

(Corporate Member : NSE & BSE)  
 Corp. Off : 6-3-652, IV Floor "Kautilya" Amrutha Estates, Somajiguda, Hyderabad - 500082  
 Phones : Off : 040 - 30527777, 30727777, Fax : 040 - 30526283

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													
DP ID	1	2	0	5	1	4	0	0	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 :	
<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 a/c for (To be filled by DP, if applicable)	
<input type="checkbox"/> Hypothecated	<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.

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature	30		

\*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	1	2	0	5	1	4	0	0	Client ID				
Name of the First / Sole Holder													
Name of the Second Holder													
Name of the Third Holder													
Reason for Closure													

Instructions to Account Holder(s)

Depository Participant Seal and Signature

- Submit a duly-filled RRF if the balances are to be rematerialized.
- Submit a duly-filled transfer form (off market instruction slip) if the balances are to be transferred to another A/c.