

**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 BO-Initiated closure). Please fill all the details in **Block Letters** in English)

To,  
**HINDUSTAN TRADECOM PVT. LTD**  
 101,Royal World,  
 Sansar Chandra Road,  
 Jaipur , Rajasthan 302001

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	6	5	0	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													
<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:																			
Partly rematerialized and partly transferred.						Rematerialized													
Transferred to another account (if any) to be.						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"/> Pending for Dematerialization <input type="checkbox"/> Pending for Rematerialiazation			<input type="checkbox"/> Pledged <input type="checkbox"/> Frozen. <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 the DP or CDSL initiate account closure, Signature(s) of the account holder(s) not required.

===== (please tear here) =====

**Acknowledgement Receipt**

**Application No.**

**Date:-**

We hereby acknowledge receipt of your instruction for closing the following Account subject to verification: -

DP ID	1	2	0	6	5	0	0	0	Client ID										
Name of the First / Sole Holder																			
Name of the Second Holder																			
Name of the Third Holder																			
Reason for Closure																			

**For Hindustan Tradecom Pvt. Ltd**

**Authorised Signatory**

**Instructions to Account Holder(s)**

- Submit a dully-filled up RRF if the balances are to be rematerialized.
- 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”**.