

ACCOUNT CLOSURE FORM

To,
Swastika Investmart Limited
48, Jaora Compound,
MYH Road,
Indore - 452001

☐ TRADING ☐ CDSL ☐ NSDL

Date

D	D	M	M	Y	Y	Y	Y
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Sub. : Closure of account

Dear Sir/Madam,

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

DP ID : <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											Client ID : <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
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Name of Second Holder :	Name of Third Holder :																				
Reason/s for closure of account (DP+Trading) :																					

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]	<input type="checkbox"/> Transfer to my/our own account <i>(Provide target account details and enclose Client Master Report of Target Account)</i> <input type="checkbox"/> Transfer to other account <i>(Submit duly filled Delivery Instruction Slip signed by all holders)</i>	Target Account Details <table border="1" style="display: inline-table; width: 100%;"> <tr> <td style="width: 10%;"><input type="checkbox"/> NSDL</td> <td style="width: 10%;">DP ID :</td> <td style="width: 10%;"><table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></td> </tr> <tr> <td><input type="checkbox"/> CSDL</td> <td>Client ID :</td> <td><table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></td> </tr> </table>		<input type="checkbox"/> NSDL	DP ID :	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									<input type="checkbox"/> CSDL	Client ID :	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
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<input type="checkbox"/> Option C [Rematerialize/Reconvert (Submit duly filled Remat/Reconversion Request Form for mutual fund units)]																									
Balance present in a/c for (To be filled by DP, if applicable)		<input type="checkbox"/> Ear-marked <input type="checkbox"/> Pending for Rematerialization <input type="checkbox"/> Frozen <input type="checkbox"/> Pending for Dematerialization <input type="checkbox"/> Pledged <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.

Note - If DP or CDSL/NSDL initiates account closure, signature(s) of account holder(s) is/are not required.

For office use only - NOC given by :

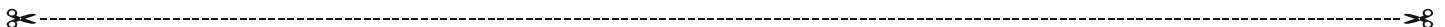
RMS department <input type="checkbox"/> Active <input type="checkbox"/> Deactive	Delivery department <input type="checkbox"/> Active <input type="checkbox"/> Deactive
Accounts department <input type="checkbox"/> Active <input type="checkbox"/> Deactive	Surveillance department <input type="checkbox"/> Active <input type="checkbox"/> Deactive

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature			

For Swastika Investmart Limited

Client's Signature

(Authorized Signatory)


Acknowledgment for Closure of Account

Date

D	D	M	M	Y	Y	Y	Y
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We hereby acknowledge the receipt of your instruction for closing of following account subject to verification :

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For Swastika Investmart Limited

(Authorized Signatory)