



ARHAMSHARE CONSULTANTS PVT. LTD. SEBI Reg. No.: IN-DP-CDSL-252-2016
Depository Participant : Central Depository Services (I) Ltd.
 Regd. Add.: 15th Floor, Unit No. 1B, Gift One Building, Village Ratanpur, Taluka Gandhinagar-382355
 Correspondence Add.: U-8, Jolly Plaza, Athwa Gate, Surat-395 001.Ph.: (O) 0261-6794000 Fax : 0261-2471060
 E-mail : contact@arhamshare.com Website : www.arhamshare.com

ACCOUNT CLOSURE FORM

Application No.	
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Date	D	D	-	M	M	-	2	0	Y	Y
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Dear Sir / Madam,

I/We the Sole Holder(s)/Joint Holder(s)/Guardian (in case of Minor)/Clearing Member request you to close my/our following account with you from the date of this application : The details of my/our account are given below.

Account Holder's Details

(Please fill all the details in Block Letters in English)

DP ID	1	2	0	7	1	7	0	0	Client ID								
Name of First Holder																	
Name of Second Holder																	
Name of Third Holder																	
Address for Correspondence												City					
												State					
												Pin Code					

Reasons for Closing the Account	
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Balance present in the account (if any) to be

<input type="radio"/> Partly rematerialised and partly transferred	<input type="radio"/> Rematerialised	<input type="radio"/> Not applicable
<input type="radio"/> Transferred to :		
DP ID		Client ID

Balance present in the account to be (To be filled by DP, if applicable)

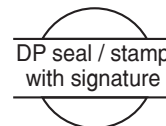
<input type="radio"/> Ear - marked	<input type="radio"/> Pending for Dematerialisation	<input type="radio"/> Frozen
<input type="radio"/> Pledged	<input type="radio"/> Pending for Rematerialisation	<input type="radio"/> Lock-in

Declaration

I/We hereby declare that I/we have received the transaction statement for our above mentioned demat account since the date of opening of the account and I/we hereby certify that all the transactions reflected in the said statement are authentic and executed by me/us.

Beneficial Owner(s)		
	Name	Signature
First / Sole Holder		
Second Holder		
Third Holder		

(*If DP or CDSL initiates account closure, signature(s) of account holder(s) not required)



ACKNOWLEDGEMENT

Application No.	
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Date	D	D	-	M	M	-	2	0	Y	Y
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We hereby acknowledge the receipt of the your instruction for Closing the following Account subject to verification :

DP ID	1	2	0	7	1	7	0	0	Client ID								
Name of First Holder																	
Name of Second Holder																	
Name of Third Holder																	

Instructions to Account Holder(s)

Depository Participant Seal and Signature

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