



Account Closure Request Form

Application No. _____

Date: _____

Closure Initiated by BO DP CDSL

(To be filled by the BO. Please fill all the details in Block Letters in English)

To,
M/s. Hem Securities Limited,
203, 215 Jaipur Tower, M.I. Road,
Jaipur- 302001 Rajasthan.

DP ID: 1201770

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 | 1 | 7 | 7 | 0 | | Client ID | | | | | | | | |
| Name of the First/ Sole Holder | | | | | | | | | | | | | | | | | |
| Name of the Second Holder | | | | | | | | | | | | | | | | | |
| Name of the Third Holder | | | | | | | | | | | | | | | | | |
| Address for Correspondence | | | | | | | | | | | | | | | | | |
| City | | | | | | | | | State | | | | | | | | |

Details of remaining security balances in the account (if any): (Please enclose as Annexure)

| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|----------------------------------|--|--|
| Reasons for Closing the Account | | | | | | | | | | | | | | | | | |
| Balance remaining in the account (if any) to be: | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Partly rematerialized and partly transferred | | | | | | | | | | | | <input type="checkbox"/> Rematerialized | | | | | |
| <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 Dematerialization | | | | | | <input type="checkbox"/> Frozen | | |
| | | | | | | | | | <input type="checkbox"/> Pending for Rematerialization | | | | | | <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 the receipt of your instruction for closing the following Account subject to verification:

| | | | | | | | | | | | | | | | | | |
|--------------------------------|---|---|---|---|---|---|---|--|------------------|--|--|--|--|--|--|--|--|
| DP ID | 1 | 2 | 0 | 7 | 7 | 7 | 0 | | 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."