

Closure Request Form for Trading and Demat Account

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

Application No. _____

Date: _____

Account to be closed:

Trading

Demat

Closure Initiated by BO DP CDSL

To,

M/s. Hem Securities Limited/ Hem Finlease Pvt. Ltd.,

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										
Trading Code (BSE/ NSE CASH- F&O) (A/c to be closed)																			
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"/> Pending for Dematerialization <input type="checkbox"/> Pending for Rematerialization					<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 *			
Contact No. & E-Mail ID:			

*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	1	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)

- Submit a duly-filled 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."**
- Kindly ensure that all the dues are paid before filing application for Closure and all the stocks available in Pool Account are transferred to your respective Account.
- Kindly affix stamp along with the signature in case of Account of Proprietorship/ Partnership/ HUF/ Corporate/ Trust.