## CDBL Account Closing Form Bye Law 7.7.1

Please fill in all the details in CAPITAL letters

Application No.							
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(Depository Participant Name)	DP ID				_		

I/We, the Sole Holder / Joint Holders / Guardian (in case of minors) / Clearing Member request you to close my / our Depository Account with you. The details of my / our account are as indicated below:

Account Holder's Details
Account ID
Name of Account Holder
Name of Second Account Holder
Name of Third Account Holder
Closure Details
Reason for Closure of Account
Details of Remaining Security Balances in the Account (if any)
Whether to be partly rematerialized and partly transferred: YES NO
To be rematerialized: YES NO To be Transferred to another Account: YES NO
Whether any of the following is Applicable (To be filled by DP): Ear-marked Pledged Frozen
Name of Account Holder/s Signature/s