

CDSL

Account Closure Request Form

Application No.		Date	D	D	M	M	Y	Y	Y	Y
Closure Initiated by	BO <input type="checkbox"/> DP <input type="checkbox"/> CDSL <input type="checkbox"/>									

(To be filled by the BO (in case of BO-initiated closure). Please fill all the details in **Block Letters** in English)

To,

Axis Securities Ltd.

Unit No. 2, Phoenix Market City,
15, LBS Marg, Nr. Kamani Junction,
Kurla West Mumbai 400 070
E-mail: dphelp@axisdirect.in Tel. No: 022-68515400

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	4	9	2	0	0	Client ID									
Name of the First / Sole Holder																		
Name of the Second Holder																		
Name of the Third Holder																		
Address for Correspondence																		
City																		
State																		
PIN																		

Details of remaining security balances in the account (if any)							
Reasons for Closing the Account							
Balance remaining in the account (if any) to be :							
Partly rematerialised and partly transferred.	Rematerialised						
Transferred to another account (Number given below)	Not applicable						
DP ID	Client ID						
Balance present in account for (To be filled by DP, if applicable)	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Ear - marked</td> <td style="width: 50%;">Pledged</td> </tr> <tr> <td>Pending for Dematerialisation</td> <td>Frozen</td> </tr> <tr> <td>Pending for Rematerialisation</td> <td>Lock-in</td> </tr> </table>	Ear - marked	Pledged	Pending for Dematerialisation	Frozen	Pending for Rematerialisation	Lock-in
Ear - marked	Pledged						
Pending for Dematerialisation	Frozen						
Pending for Rematerialisation	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 Here) =====

Acknowledgement Receipt

Application No.

Date :-

We hereby acknowledge the receipt of the your instruction for Closing the following Account subject to verification: -

DP ID		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**".
- The time for processing the closure form is 4 days from the date of receipt of document at Axis Securities DP Operations Department.