

APPLICATION FOR CLOSING DEMAT ACCOUNT - NSDL

(For Beneficiary Account only)

To
Axis Securities Ltd. DP ID IN304295
Unit No. 2, Phoenix Market City, 15, LBS Road, Near Kamani Junction,
Kurla (west), Mumbai-400070.

Date: _____

E-mail: dphelp@axisdirect.in Tel. No: 022-68515400

Client ID (of account to be closed)

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1) Please tick the applicable option(s)																					
<input type="checkbox"/> Option A [There are no balances/holdings in this account]																					
<input type="checkbox"/> Option B																					
[Transfer the balances / holdings in this account as per details given]	<input type="checkbox"/> Transfer to my/our own account (Provide target account details and enclose Client Master Report of Target Account) <input type="checkbox"/> Transfer to any other account (submit duly filled Delivery Instruction Slip signed by all holders)																				
Target Account Details																					
<input type="checkbox"/> NSDL	DP ID <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																				
<input type="checkbox"/> CDSL	Client ID <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																				
<input type="checkbox"/> Option C [Rematerialise/Reconvert (Submit duly filled Remat/Reconversion Request Form-for mutual fund units)]																					

2) Reasons for closure of depository account (Please tick the reasons for closing the Demat Account)

Consolidation of Accounts Shifting to a new location where ASL is not present

Unsatisfactory services High Charges Others (Please specify) _____

3) Confirmation for delivery instruction slips

I/We confirm to have surrendered all unutilized delivery instruction slips

I/We confirm to have exhausted / misplaced all delivery instruction slips

4) Mode of payment for outstanding dues (if any)

Cheque No _____ Bank Name _____

Please debit my Axis Bank SB A/c No.

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for recovery of my pending dues against my demat account towards this I/We have already given a POA to ASL

Signatures(s) (as per the Bank A/c)

_____ (First/Sole Holder) _____ (Second Holder) _____ (Third Holder)

Signature
(with seal of the branch)

	Name(s) (as per the Demat A/c)	Signatures(s) (as per the Demat A/c)
(Sole/First Holder)		
(Second Holder)		
(Third Holder)		

Instructions: 1. Relevant portions to be filled in. 2. Please strike off as N.A. whatever is not applicable. To be submitted in duplicate.

Application No.	Acknowledgement Receipt	Date :-																																								
We hereby acknowledge the receipt of the your instruction for Closing the following Account subject to verification: -																																										
DP ID <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																					Client ID <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																					
Name of the First / Sole Holder																																										
Name of the Second Holder																																										
Name of the Third Holder																																										
Reason for Closure																																										

Checklist (To be filled in by Axis Securities Officials)

I confirm having checked all the below mentioned points for the Client ID:

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- Name of the beneficiary owner(s) match with the DP system.
- Signature(s) of the beneficiary owner(s) match with the DP system.
- Copy of PAN Card / Proof of Identity / Proof of Address collected for suspended Demat Account (if applicable).
- No holding exists in the Demat Account / in case of holding target Demat Account Details mentioned on the Demat Account closure request.
- All pending dues have been recovered by:-

- **Direct debit to Axis Bank**

Bank a/c no

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- **Cheque Payment**

Cheque Number _____ **Bank Name** _____

Signature
(with seal of the branch)

Date: _____

- Name of the official _____
- Employee Number _____