

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. 1001, 10th Floor, Level - 6, Plot No. 4/TTC, Q2 Building,
 Aurum Q Parc, Thane Belapur Road,
 Ghansoli, Navi Mumbai -400710
 E-mail: dphelp@axisdirect.in, Tel. no.: 022 6851 5400

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 rematerialized and partly transferred.									Rematerialized											
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)									Ear - marked			Pledged								
									Pending for Dematerialization			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 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									

Instructions to Account Holder(s)

Depository Participant Seal and Signature

- 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.