

**APPLICATION FOR CLOSING DEMAT ACCOUNT**  
(For Beneficiary Account only)

To

Axis Securities Limited, Unit No. 2,  
Phoenix Market City, 15 LBS Road,  
Near Kamani Junction, Kurla (west),  
Mumbai-400070.  
E-mail: dphelp@axisdirect.in  
Tel. No: 022-68515400

Date: \_\_\_\_\_

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<b>1) Please tick the applicable option(s)</b>											
<input type="checkbox"/> <b>Option A</b> [There are no balances/holdings in this account]											
<input type="checkbox"/> <b>Option B</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)										
<b>Target Account Details</b>											
<input type="checkbox"/> NSDL	DP ID <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>										
<input type="checkbox"/> CDSL	Client ID <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>										
<input type="checkbox"/> <b>Option C</b> [Rematerialise/Reconvert (Submit duly filled Remat/Reconversion Request Form-for mutual fund units)]											

<b>2) Reasons for closure of depository account (Please tick the reasons for closing the Demat Account)</b>
<input type="checkbox"/> Consolidation of Accounts <input type="checkbox"/> Shifting to a new location where ASL is not present <input type="checkbox"/> Unsatisfactory services <input type="checkbox"/> High Charges <input type="checkbox"/> Others (Please specify) _____ _____

<b>3) Confirmation for delivery instruction slips</b>
<input type="checkbox"/> I/We confirm to have surrendered all unutilized delivery instruction slips <input type="checkbox"/> I/We confirm to have exhausted / misplaced all delivery instruction slips

<b>4) Mode of payment for outstanding dues (if any)</b>																										
<input type="checkbox"/> <b>Cheque No</b> _____ <input type="checkbox"/> <b>Bank Name</b> _____ <input type="checkbox"/> Please debit my Axis Bank SB A/c No. <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> for recovery of my pending dues against my demat account towards this I/We have already given a POA to ASL <b>Signatures(s) (as per the Bank A/c)</b>  <table> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>(First/Sole Holder)</td> <td>(Second Holder)</td> <td>(Third Holder)</td> </tr> </table> <div style="border: 1px solid black; border-radius: 15px; padding: 10px; width: fit-content; margin-left: auto;">                     Signature (with seal of the branch)                 </div>																					_____	_____	_____	(First/Sole Holder)	(Second Holder)	(Third Holder)
_____	_____	_____																								
(First/Sole Holder)	(Second Holder)	(Third Holder)																								

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

## 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 \_\_\_\_\_