

Account Closure Request Form

| | | | | | | | | | |
|----------------------|---------------------------------------------------------------------------------------|------|--|--|--|--|--|--|--|
| Application No. | | Date | | | | | | | |
| Closure Initiated by | <input type="checkbox"/> BO <input type="checkbox"/> DP <input type="checkbox"/> CDSL | | | | | | | | |

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

To,
MEHTA VAKIL & CO. PVT. LTD.
 DEPOSITORY PARTICPANT OF CDSL(DP ID-19700)
 SEBI REGN. NO.-IN-DP-CDSL-92-2000
 PG.-11. GROUND FLOOR, STOCK EXCHANGE,
 ROTUNDA BLDG;B. S. MARG,
 MUMBAI-400001.TEL NO.-22721082,22722620,
 EMAIL- mevacoy@vsnl.com, info@mehtavakil.com

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 | 1 | 9 | 7 | 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 : | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> partly rematerialised and partly transferred. | | | | | | | | | | | <input type="checkbox"/> Rematerialised | | | | | | | | |
| <input type="checkbox"/> Transferred to another account (Number given below) | | | | | | | | | | | <input type="checkbox"/> Not applicable | | | | | | | | |
| DP ID | | | | | | | | | Client ID | | | | | | | | | | |
| Balance present in account for (To be filled by DP, if applicable) | | | | | | | | | | | <input type="checkbox"/> Ear - marked | | <input type="checkbox"/> Pledged | | | | | | |
| | | | | | | | | | | | <input type="checkbox"/> Pending for Dematerialisation | | <input type="checkbox"/> Frozen | | | | | | |
| | | | | | | | | | | | <input type="checkbox"/> Pending for Rematerialisation | | <input type="checkbox"/> 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 Hear)=====

Acknowledgement Receipt

Application No.

Date :-

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

| | | | | | | | | | | | | | | | | | | |
|---------------------------------|---|---|---|---|---|---|---|---|-----------|--|--|--|--|--|--|--|--|--|
| DP ID | 1 | 2 | 0 | 1 | 9 | 7 | 0 | 0 | Client ID | | | | | | | | | |
| Name of the First / Sole Holder | | | | | | | | | | | | | | | | | | |
| Name of the Second Holder | | | | | | | | | | | | | | | | | | |
| Name of the Third Holder | | | | | | | | | | | | | | | | | | |
| Reason for Closure | | | | | | | | | | | | | | | | | | |

MEHTA VAKIL & CO. PVT. LTD.

Seal and Signature

Instructions to Account Holder(s)

- o Submit a duly-filled RRF if the balances are to be rematerialized.
- o 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"**.