



Account Closure Request Form

Application No.		Date	D	D	M	M	Y	Y	Y	Y
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,

SHREE BALAJI MULTICOMMODITIES PVT. LTD.
Office No. 724/725, 7th Floor,
Sun N Moon Chamber, Near Ajmer Pulia Jaipur 302006 (RAJ.)

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	8	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					
Balance present in account for (To be filled by DP, if applicable)						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	1	2	0	8	9	2	0	0	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**".