

Appl. No.

ACCOUNT CLOSURE REQUEST FORM

Closure Initiated by BO DP CDSL

(To be filled by BO. Please fill all the details in BLOCK LETTERS in English)

Date

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M

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Y

Y

Y

To,

Sushil Financial Services Pvt. Ltd.

DPID : 028900

12, Homji Street, Fort, Moumbai-400 001.

 I / We hereby confirm / declare that the transactions in my / our account are authentic / true.

Dear Sir / Madam,

I / We the Sole Holder / Joint Holder / 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 give below:

Account Holder's Details																	
DP ID	1	2	0	2	8	9	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 Code							

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 a/c 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					

	First / Sole Holder	Second Holder	Third Holder
Name			
Signature			

*If DP or CDSL initiates account closure, Signature(s) of account holder(s) not required.



(Tear here)



ACKNOWLEDGEMENT RECEIPT

Application No.

Date

D

D

M

M

Y

Y

Y

Y

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

DP ID	1	2	0	2	8	9	0		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)

- Submit a duly filled up 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".

Depository Participant Seal and Signature