

Request
for:
☐ Trading A/c Closure
 ☐ Demat A/c Closure
Closure
Initiated by:
☐ BO
 ☐ DP
 ☐ CDSL

To,
Sushil Financial Services Private Limited.
12, Homji Street, Fort, Mumbai - 400 001

SEBI NO.: INZ000165135 | DP NO: IN-DP-504-2020 | DP ID: 028900

Date

Application No.

Client Code

Dear Sir/Madam,

I/We the sole holder/Joint Holders / Guardian (Inc case of minor) / Clearing Member request you to close my/our DP / Trading account with you from the date of this application. The details of my/our account are given below. I/We here by confirmed/declared that we have verified all past transactions in my/our below given Demat / Trading account and all transactions in my/our accounts are authenticate, true and done by my/ our instructions.

Account Holder's Details

DP & Client ID	1	2	0	2	8	9	0	0								
Name of the First/Sole Holder																
Name of the Second Holder																
Name of the Third Holder																
Correspondence Address																
City					State					Pin Code						

Reasons for Closing Account

Details of remaining security balances in account (if any)

Balance If any, Remaining in the Account to be : ☐ Partly rematerialized and partly transferred ☐ Rematerialized

☐ Transferred to another account as per details given below ☐ Not Applicable

DP & Client ID

Balance Present in the Account (To be filled in by DP, if applicable)

☐ Ear – Marked ☐ Pledged ☐ Frozen ☐ Lock-in ☐ Pending for Dematerialization / Rematerialization

First/Sole Holder

Second Holder

Third Holder

Full Name

Signature*

For office use only

Last Traded Date

Date of Processing DP Closure

Closed by

Trading Balance and Date

Balance should
be NIL

Date of Processing Trading Closure

Closed by

Please tear Here

Application Number : _____

Acknowledgment Receipt

Date: _____

We hereby acknowledge receipt of your instructions for closing the following account subject to verification.

DP & Client ID																
Name of the First/Sole Holder																
Name of the Second Holder																
Name of the Third Holder																
Reason for Closure																

Instruction to Account Holder(s)

- Please complete the above form in all respects. • Submit a duly-filled RRF if the balances are to be rematerialized
- Submit a duly-filled Delivery Instruction Slip [DTS] (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"
- Form must be signed and dated. Please submit via respective AP only • [*] Marks fields are mandatory to fill up
- *If DP or CDSL initiates account closure, Signature(s) of account holder(s) not required.
- If you have any questions or concerns, please contact us at compliance@sushilfinance.com

Seal and Signature
of Depository Participant