Application for Closing of Demat account associate with ☐ CDSL or ☐ NSDL

TRUSTLINE
INVESTMENT IDEAS. SIMPLIFIED.

Trustline Tower
B-3, Sector-3,
Noida-201301.

Application No ....

Date ....

(To be filled by the BO. Please fill all the details in **Block Letters in English**)

Closure Initiated by	☐ B.O.	☐ C.D.S.L	☐ N.S.D.L	☐ D.P.

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 Holders Details:		
DP ID	**Client ID**	
First/Sole Holder Name	Second Holder Name	Third Holder Name

Address for Correspondence

City	State	PIN	

* Please tick the applicable option(s): (* Marked is a mandatory field)

☐ Option A (There is no Holding/Balance in this account) to be filled by DP if applicable

☐ Option B (Transfer the holding/balance in this account as per given details)	☐ Transfer to my/our account (Providing target account details and enclosed C.M.L. report to target account) ☐ Transfer to any other account (Submit duly filled D.I.S. signed by all holder's)	☐ NSD DP | ☐ CDSL DP DP ID Client ID **Please note:** cutting or overwriting is not acceptable here.

☐ Option C [Rematerialise / Reconvert (Submit duly filled Remat / Reconversion Request Form - For Mutual Fund units)]

*Please tick the reason for closing the Demat account:

☐ Moving to New area	☐ Unsatisfactory Services	☐ High Demat Charges
☐ Stop Trading Forever	☐ Consolidation Of Accounts	☐ Other (Please Specify)

DECLARATION: I/We declare and confirm that all the transactions in my/our Demat Account are true/authentic.

SIGNATURE OF SOLE/FIRST HOLDER   SIGNATURE OF SECOND HOLDER   SIGNATURE OF THIRD HOLDER

==(Please Tear Here)==

We hereby acknowledge the receipt of the request for closing the below mentioned Demat Account subject to verification:

Acknowledgment	
DP ID	**Client ID**
First Holder Name	
Second Holder Name	
Third Holder Name	
Signature of Authorized Signatory	Seal/Stamp of Participant
Date :	