

Account Closure Form

Version 1.4

Application No. : _____

Date : ____ / ____ / _____

Closure Initiated By : BO DP CDSL

To,
Motilal Oswal Securities Limited
2nd Floor, Palm Springs Center, Next to D-Mart,
New Link Road, Malad (W), Mumbai 400 064

DP ID : 120109

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	0	9			Client ID									
TRADING CODE (BSE-NSE CASH-F&O)																		
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) : (Please attach the annexure)

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.								

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								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)

- o Submit a dully-filled up RRF if the balances are to be rematerialized.
- o Submit a duly filled up transfer form (off market instruction slip) if the balances are to be transferred to another A/c.

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