

Commodity Account Closure Form

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 (Commodity)																	
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 : (Choose from options given below)																								
<input type="checkbox"/> Partly rematerialized and partly transferred.										<input type="checkbox"/> Rematerialized														
<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"/> Lock-in			<input type="checkbox"/> Pending for Dematerialization											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 30%; text-align: center;">First / Sole Holder</td> <td style="width: 30%; text-align: center;">Second Holder</td> <td style="width: 30%; text-align: center;">Third Holder</td> </tr> <tr> <td>Name and Signature</td> <td style="height: 50px;"></td> <td style="height: 50px;"></td> <td style="height: 50px;"></td> </tr> </table>																		First / Sole Holder	Second Holder	Third Holder	Name and Signature			
	First / Sole Holder	Second Holder	Third Holder																					
Name and Signature																								

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

======(Please Tear Hear)=====

Acknowledgement Receipt

Application No. _____ **Date :-** _____

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

DP ID								Client ID								
Trading Code (Commodity)																
Name of the First / Sole Holder																
Name of the Second Holder																
Name of the Third Holder																
Reason for Closure																

Instructions to Account Holder(s)

Depository Participant Seal and Signature

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