

## Account Closure Form

Application No.: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

|   |  |
|---|--|
| <b>Closure Initiated By</b> : <input type="checkbox"/> BO <input type="checkbox"/> DP <input type="checkbox"/> CDSL | <b>Closure for</b> : <input type="checkbox"/> Trading <input type="checkbox"/> Demat <input type="checkbox"/> Both |
|---|--|

To,

**NextBillion Technology Pvt Ltd**

No 11, 80 feet Road, ST Bed, Koramangala 4th Block, Bangalore – 560034

**DP ID : 12088700**

Dear Sir / Madam,

I / We the Sole 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 given below:

**Account Holder's Details**

|                            |   |   |   |   |   |   |   |   |           |  |  |  |  |  |  |  |  |  |
|----------------------------|---|---|---|---|---|---|---|---|-----------|--|--|--|--|--|--|--|--|--|
| DP ID                      | 1 | 2 | 0 | 8 | 8 | 7 | 0 | 0 | CLIENT ID |  |  |  |  |  |  |  |  |  |
| TRADING (NSE & BSE)        |   |   |   |   |   |   |   |   |           |  |  |  |  |  |  |  |  |  |
| Name of the Sole 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.

|           |                            |
|-----------|----------------------------|
|           | <b>First / Sole Holder</b> |
| 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 your instruction for Closing the following Account subject to verification: -

|                                 |   |   |   |   |   |   |   |   |           |  |  |  |  |  |  |  |  |  |
|---------------------------------|---|---|---|---|---|---|---|---|-----------|--|--|--|--|--|--|--|--|--|
| DP ID                           | 1 | 2 | 0 | 8 | 8 | 7 | 0 | 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 dully-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.

**Depository Participant Seal and Signature**