



IL&FS House, Plot No.14, Raheja Vihar, Chandivali, Andheri (E), Mumbai - 400072
 Phone :-42493000 Fax :- 28570948/49 •Email Id :- issl-dp@issl.co.in
 DP ID - IN 14800

Application No.		Date	D	D	M	M	Y	Y	Y	Y
Closure Initiated by		<input type="checkbox"/> BO <input type="checkbox"/> DP <input type="checkbox"/> CDSL								

Account Closure Request Form
(To be filled by the BO. Please fill all the details in Block Letters in English)

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											Client ID									
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)																				
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.				
CLIENT BANK DETAILS (In case of Refund):-																				
Bank Name											Bank Account No.									
MICR No.											IFSC Code:									
	First / Sole Holder					Second Holder					Third Holder									
Name																				
Signature *																				

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

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

===== (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)

Instructions to Account Holder(s)

1. Submit a duly-filled up RRF if the balances are to be rematerialized.
2. Submit a duly filled up transfer form (off market instruction slip) if the balances are to be transferred to another A/c. This requirement is not applicable in case of "SHIFTING OF ACCOUNT"