



Securities Pvt. Ltd.

UNIT NO. 104 TO 111, 1ST FLOOR, BHAVESHWAR MARKET, M. G. ROAD,
GHATKOPAR (E), MUMBAI - 400 077. • TEL. : 2502 9200 • FAX : 2502 9265

Annexure 10.1

Account Closure Request Form

Application No.		Date	D	D	M	M	Y	Y	Y	Y
Closure Initiated by	☐ BO	☐ DP	☐ CDSL							

(To be filled by the BO (in case of BO-initiated closure). Please fill all the details in **Block Letters** in English)

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	4	5	2	0	0	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 :											
☐ Partly rematerialised and partly transferred.											
☐ Rematerialised											
☐ Transferred to another account (Number given below)											
☐ Not applicable											
DP ID									Client ID		
Balance present in account for											
(To be filled by Dp, if applicable)											
☐ Ear - Marked											
☐ Pending for Dematerialisation											
☐ Pending for Rematerialisation											
Pledged											
Frozen											
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				
Name of the First / Sole Holder													
Name of the Second Holder													
Name of the Third Holder													
Reason for Closure													

For L.F.C. Securities Pvt. Ltd.

Instructions to Account Holder(s)

- Submit a duly-filled RRF if the balances are to be rematerialized.
- Submit a duly-filled Deliver Instruction Slip [DIS] (off market instruction slip) if the balances are to be transferred to another Account. This requirement is not applicable in the case of "SHIFTING OF ACCOUNT"

Seal and Signature