

Account Closure Request Form

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								

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

To,
P. SURYAKANT SHARE & STOCK BROKERS PVT.LTD.

PSJ SECURITIES PVT LTD
 5, TH BLDG 5TH FLOOR
 RAJABHADUR COMPOUND
 MUMBAI SAMACHAR MARG,
 FORT,MUMBAI-400001

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: (Please tick appropriate option)

Account Holder's Details															
CLOSURE TO BE EFFECTED IN				Trading Account				Demat Account				Trading+Demat Account			
Trading Code															
DP ID	1	2	0	7	4	8	0	0	Client ID						
Name of the First / Sole Holder															
Name of the Second Holder															
Name of the Third Holder															
Address for Correspondence															
City				PIN								State			

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 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 account for (To be filled by DP, if applicable)				<input type="checkbox"/> Ear - marked				<input type="checkbox"/> Pledged					
				<input type="checkbox"/> Pending for Dematerialization				<input type="checkbox"/> Frozen					
				<input type="checkbox"/> Pending for Dematerialization				<input type="checkbox"/> Lock-in					

: 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 Hear)=====

Acknowledgement Receipt

Application No. _____ **Date :-** _____
 We hereby acknowledge the receipt of the your instruction for Closing the following Account subject to verification: -

DP ID	1	2	0	7	4	8	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)
 oSubmit a duly-filled RRF if the balances are to be rematerialized.
 oSubmit a duly-filled Delivery 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".

Depository Participant Seal and Signature