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 DP ID - 12076000

Account Closure Request Form

Application No.		Date			/			/			
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)

DP ID	1	2	0	7	6	0	0	0	CLIENT ID								
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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	
Name of First Holder / Sole Holder	
Name of Second Holder	
Name of Third Holder	
Address for Correspondence	

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 rematerialized 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	Pledged
	Pending for Dematerialisation	Frozen
	Pending for Rematerialisation	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.

Instructions to Account Holder(s)

1. Submit a duly-filled RRF if the balances are to be rematerialized.
2. Submit 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"