

**SKUNG TRADELINK LIMITED**

DP ID No. 12072200 SEBI REG. NO.: IN-DP-CDSL-633-2011

Regd. Office: 51/27, Naughara, Somani Bhawan, Kanpur-208001 (Uttar Pradesh)  
 Corp. Office: 63/2, 3rd Floor, R.N. Chamber, The Mall, Kanpur-208001 (Uttar Pradesh)  
 Tel.: 91-512-3938300/10/20/30 • Fax: 91-512-3938340  
 E-mail: contact@skunggroup.com • Website: www.skunggroup.com

**Account Closure Request Form**

Application No.		Date									
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)

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:

<b>Account Holder's Details</b>																
DP ID	1	2	0	7	2	2	0	0	Client ID	0	0	0				
Name of the First / Sole Holder																
Name of the Second Holder																
Name of the Third Holder																
Address for Correspondence																
City			State			PIN										
<b>Details of remaining security balances in the account (if any)</b>																
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 account 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.

	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	1	2	0	7	2	2	0	0	Client ID	0	0	0				
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)**

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