

## Account Closure 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. Please fill all the details in **Block Letters** in English)

To,

**ABANS SECURITIES PRIVATE LIMITED,**

Unit No 36-37-38-A, Third Floor,  
Nariman Bhavan, Nariman Point  
Mumbai – 400021, Tel. No. : +91-22-61790000

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 | 6     | 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                            |   |   |   | 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<br>(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. |  |  |  |  |

|           | 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 | 6 | 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              |   |   |   |   |   |   |   |   |           |  |  |  |  |

### Depository Participant Seal and Signature

**Instructions to Account Holder(s)**

- o Submit a dully-filled up RRF if the balances are to be rematerialized.
- o Submit a duly filled up transfer form (off market instruction slip) if the balances are to be transferred to another A/c.