APPLICATION FOR CLOSING AN ACCOUNT

Date	D	D	M	M	Y	Y	Y	Y

Closure for ☐ Trading ☐ Demat ☐ Both

To

INDUS SHARESHREE PRIVATE LIMITED

G – 65, BALI NAGAR, NEW DELHI - 110015

DP ID:

1. **I / We hereby request you to close my/our account with you as per following details:**

Name of the holder(s)	
Sole/ First Holder	
Second Holder	
Third Holder	

2. **Reason/s for Closure of Demat/Trading account:** _____

3. **Trading Code** _____

4. **Client ID** (of account to be closed)

5. **Please tick the applicable option(s)**

☐ **Option A** [There are no balances / holdings in this account]

☐ **Option B** [Transfer the balances / holdings in this account as per details given]	Transfer to my / our own account *(Provide target account details and enclose Client Master Report of Target Account)* Transfer to any other account *(Submit duly filled Delivery Instruction Slip signed by all holders)*	**Target Account Details**	
		☐ NSDL ☐ CDSL	DP ID _____ Client ID _____

☐ **Option C** [Rematerialise / Reconvert (*Submit duly filled Remat / Reconversion Request Form-for mutual fund units*)]

6. **Signature(s)**

Sole / First Holder	
Second Holder	
Third Holder	

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Acknowledgement	

Closure for ☐ Trading ☐ Demat ☐ Both	**Trading Code**:

We hereby acknowledge the receipt of the your request for closing the following Account subject to verification:

DP ID									**Client ID**								

Name of Sole / First Holder	
Name of Second Holder	
Name of Third Holder	

Signature of the Authorised Signatory	**Seal/ Stamp of Participant**
Date	