

Account Closure Request Form

Closure request for	<input type="checkbox"/> Trading	<input type="checkbox"/> Demat	<input checked="" type="checkbox"/> Both	Date										
Closure Initiated by	<input checked="" 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,

INDmoney Private Limited

**Address : 616, 6th floor, Suncity Success Tower,
Sector 65, Gurugram, Haryana, 122005**

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	9	5	5	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														
Closure initiated based on customer/BO request														
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 checked="" 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"/> Pending for Dematerialisation														
<input type="checkbox"/> Pending for Rematerialisation														
<input type="checkbox"/> Pledged														
<input type="checkbox"/> Frozen														
<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 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	9	5	5	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 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.