

BO Account Closing Form**Bye Law 7.7.1**

Please fill in all the details in CAPITAL letters

Application No. Date

D D M M Y Y Y Y

To

(Depository Participant Name)

DP ID

I/We, the Sole Holder / Joint Holders / Guardian (in case of minors) / Clearing Member request you to close my / our Depository Account with you. The details of my / our account are as indicated below:

Account Holder's DetailsAccount ID

Name of Account Holder

Name of Second Account Holder

Name of Third Account Holder

Closure Details

Reason for Suspension:

Government Order ☐ Non Payment of dues ☐ Others ☐**Details of Remaining Security Balances in the Account (if any)**Whether to be partly rematerialized and partly transferred: YES ☐ NO ☐To be rematerialized: YES ☐ NO ☐ To be Transferred to another Account: YES ☐ NO ☐Whether any of the following is Applicable (To be filled by DP): Ear-marked ☐ Pledged ☐ Frozen ☐

Name of Account Holder/s	Signature/s

Authorized Signature of Depository Participant Participant**Seal of CDBL**