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

MONA F.C S LTD. 14700

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 Details

Account ID 1 2014700

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 **Seal of CDBL Participant**