

**B. D. SHAH SECURITIES LTD.**

Depository Participant of Central Depository (I) Ltd.

102/B, Charmee Enclave, Off Shraddhanand Road, Vile Parle-E, Mumbai-400 057

Ph. No: 022 26101817/26108942

Depository Participant ID: 12021700

SEBI REG NO.: IN-DP-CDSL-128-2000



CDSL

YOUR

Depository

ACCOUNT CLOSURE FORM

Application No.		Date								
Closure Initiated by	0 BO	0 DP	0 CDSL							

(To be filled by the BO (in case of BO-initiated closure). Please fill all the details in Block letters in English)

Dear Sir / Madam.

I/We the Sole Holder / Joint Holder / 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										Trading Code :																
DP ID	1	2	0	2	1	7	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 balance in the account (if any)																										
Reasons for closing the Account																										
Balance remaining in the account (if any) to be:																										
0 Partly rematerialized and partly transferred.										0 Rematerialized																
0 Transferred to another Account (Number given below)										0 Not applicable																
DP ID									Client ID																	
Balance present in a/c for (To be filled by B D Shah Securities Ltd. if applicable)									0 Ear-marked									0 Pledged								
									0 Pending for Dematerialization									0 Frozen								
									0 Pending for Re-materialization									0 Lock-in								
<u>DECLARATION: In case of Account Closure due to SHIFTING OF ACCOUNT:</u>																										
<u>I/We Declare and confirm that all the transactions in my/our Demat Account are true/authentic.</u>																										
	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) -----
Application No. _____ **Acknowledgment Receipt** Date: _____

We here by acknowledge the receipt of your instruction for Closing the following Account subject to verification:-

DP ID	1	2	0	2	1	7	0	0	Client ID								
Name of the First/Sole Holder																	
Name of the Second Holder																	
Name of the Third Holder																	
Reason For Closure																	

For B. D. Shah Securities Ltd.**Instructions to Account Holder(s)**

0 Submit a dully-filled RRF if the balances are to be rematerialized

Authorised Signature

0 Submits a dully-filled Delivery Instruction Slip [DIS] (off market instruction slip) if the balances are to be transferred to another A/c. This requirement is not applicable in the case of "SHIFTING OF ACCOUNT".