

Office Address: MintCap Brokers Private Limited, Plot No: 1290, 2<sup>nd</sup> Floor, 17<sup>th</sup> Cross,

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Email: <a href="mailto:support@capmint.com">support@capmint.com</a> | Website: www.capmint.com

## **ACCOUNT CLOSURE REQUEST FORM**

Account Closure	Type		Tra	ading	Dem	nat L	Both										
Client Code						Date (	(dd/mn	n/yyyy)	D	D	M	M	Y	Y	Y	Y	
Closure Initiated	by	□ вс	)	☐ DP		DSL											
To be filled by the Dear Sir / Madan I / We the Sole H with you from the Account Holder's	n, older / e date o	Joint Ho	olders	/ Guardia	ın (in cas	se of Mir	nor) / Cl	earing M	ember r	equest			my / ou	ır acco	unt		
DPID 1	2	1	0	2	3	0	0										
Name of First /	Sole Ho	older		Mr/Ms	Fir	st Nan	ame Middle			dle Na	Name Las				st Name		
Name of Second	Mr/Ms	Fir	st Nan	ame Middle Nar					ne Last Name								
Name of Third H	Mr/Ms	Fir	st Nan	ame Middle Nam					e Last Name								
Address for Cor	respon	dence															
City				9	State			Pin Code									
Details of remain	ing	ba	alance	s in the a	ccount (i	if any)											
Reasons for Clo	osing th	ie Accol	unt														
Balance remaining Partly remaining Transferred DP ID Balance present	terialis to anot	ed and ther acco	partly ount (	transferi Number g	red iven belo		[ 	_	aterialise Applicab								
Ear - marke Pending for Pending for	d Demat	erialisat	tion					Pledg Froze Lock	en								
DECLARATION: I/We declare and									true/ au	thentic							
			First	/ Sole Ho	lder	Second Holder						Third Holder					
Name																	
Signature*	:																
*If DP or CDSL initiat	f DP or CDSL initiates account closure, Signature(s) of account holder(s) not required.  For MintCap Brokers Private Limited  (Please Tear Here)																
Application No.: We hereby acknowle	edge the	e receipt	of the	your instru		cknowled	dgement	Receipt	nt subject	to verif	ication:		Date:				
DP ID 1	2	0	9	6	8	0	0										
Name of First / So		er		Mr/	Ms	First	Name			Middle	e Nan	ne		Last	Nam	е	
Name of Second H				Mr/	Ms	First	Name			Middle	e Nan	ne		Last	t Nam	е	
Name of Third Ho				Mr/	Ms	First	Name			Middle	e Nan	ne		Last	. Nam	е	
Reason for Closure	е																

Instructions to Account Holder(s):

<sup>-</sup> Submit a duly-filled RRF if the balances are to be rematerialised.

<sup>-</sup> Submit a duly-filled Delivery Instruction Slip [DIS] (off market instruction slip) if the balances are to be transferred to another Account. This requirement is not applicable in the case of "SHIFTING OF ACCOUNT".