

ACCOUNT CLOSURE REQUEST FORM

Account Closure Type Trading Demat Both

Client Code										Date (dd/mm/yyyy)	D	D	M	M	Y	Y	Y	Y	
Closure Initiated by	<input 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.

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

DPID	1	2	1	0	2	3	0	0										
Name of First / Sole Holder				Mr/Ms	First Name			Middle Name			Last Name							
Name of Second Holder				Mr/Ms	First Name			Middle Name			Last Name							
Name of Third Holder				Mr/Ms	First Name			Middle Name			Last Name							
Address for Correspondence																		
City						State						Pin Code						

Details of remaining balances in the account (if any)

Reasons for Closing the Account																		
Balance remaining in the account (if any) to be:																		
Partly rematerialised and partly transferred										<input type="checkbox"/> Rematerialised								
Transferred to another account (Number given below)										<input type="checkbox"/> Not Applicable								
DP ID																		
Balance present in account for (To be filled by DP, if applicable)																		
Ear - marked										Pledged								
Pending for Dematerialisation										Frozen								
Pending for Rematerialisation										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.

For MintCap Brokers Private Limited

(Please Tear Here)

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	6	8	0	0										
Name of First / Sole Holder				Mr/Ms	First Name			Middle Name			Last Name							
Name of Second Holder				Mr/Ms	First Name			Middle Name			Last Name							
Name of Third Holder				Mr/Ms	First Name			Middle Name			Last Name							
Reason for Closure																		

Instructions to Account Holder(s):

- Submit a duly-filled RRF if the balances are to be rematerialised.
- 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".