

## Account Closure Request Form

<b>Application No</b>		<b>Date</b>							
<b>Closure Initiated by</b>	<input type="checkbox"/> <b>BO</b> <input type="checkbox"/> <b>DP</b> <input type="checkbox"/> <b>CDSL</b>								

(To be filled by the BO. Please fill all the details in **Block Letters** in English)

To,  
**M/s Lakshmishree Investment Securities Pvt. Ltd.**  
**2<sup>nd</sup> Floor, 57, Gandhi Nagar, Sigra,**  
**Varanasi – 221 010**

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**

<b>DP ID</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>5</b>	<b>9</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>Client ID</b>									
<b>Name of the First / Sole Holder</b>																		
<b>Name of the Second Holder</b>																		
<b>Name of the Third Holder</b>																		
<b>Address for Correspondence</b>																		
<b>City</b>									<b>State</b>					<b>PIN</b>				

**Details of remaining security balances in the account (if any)**

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

**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
<b>Name</b>			
<b>Signature *</b>			

\*If DP or CDSL initiates account closure, Signature(s) of account holder(s) not required.

===== (Please Tear Hear) =====

### Acknowledgement Receipt

Application No. \_\_\_\_\_

Date: - \_\_\_ / \_\_\_ / 2014

<b>DP ID</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>5</b>	<b>9</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>Client ID</b>							
<b>Name of the First / Sole Holder</b>																
<b>Name of the Second Holder</b>																
<b>Name of the Third Holder</b>																
<b>Reason for Closure</b>																

**Depository Participant Seal and Signature**

**Instructions to Account Holder(s)**

- o Submit a duly-filled RRF if the balances are to be rematerialized.
- o 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**".