

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

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

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 Participant

Seal of CDBL