

Branch Code	0	0		

## **CDSL Account Closure Request Form**

Application No.				Date	D	D	M	M	Υ	Υ	Υ	Υ
Closure Initiated by	θBO	0 DP	0 CDSI									

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

## Instructions to the Applicant

- Closure request needs to be signed by ALL the account holders. POA holder (if any) cannot sign the closure request.
- Corrections (if any) have to be authenticated by ALL the holders. Please strike-off as "NA" for details which are not applicable.
- 3. Closure request would be rejected in case of any outstanding charges.
- 4. In case Trading a/c linked to this Demat account, please submit delinking or trading account closure request separately..
- Certified True Copy of Board resolution required in case of 'Corporate account' closure.
- 6. 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".

- 7. In case of transfer cum closure please ensure the following:
  - a. At least one of the account holder visits the branch
  - b. He/she carries a valid original identity proof for verification
  - c. Additionally, for obtaining waiver of charges please note:
    - i. The target account should be in same combination of names and of same type/sub type as source account
    - ii. Submit Client Master List (in crystal format) duly stamped and signed by an official of target DP
    - iii. Self attested Demat account holding statement is required
- Submit a duly-filled RRF if the balances are to be rematerialized.

To,

HDFC Bank Ltd. – Depository Services

Lodha - I Think Techno Campus, 8th Floor, Alpha Building, Opp. Crompton Greaves, Kanjurmarg (E), Mumbai 400 042.

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																			
DP ID										Clien	t ID								
Name of the First / Sole Holder																			
Name of the Second Holder																			
Name of the Third Holder																			
Address for Correspondence																			
City								Stat	e					PIN					
Contact Number (N	Manc	lator	y)																
Details of remain	ning	secu	ırity	bala	nces	in th	ne acc	count	(if	any)									
Reasons for Closing the Account																			
Balance remaining	j in tl	ne ac	coun	t (if a	ny) t	o be	:												
θ partly remateria	lised	and	partl	y trai	nsfer	red.		θ Rematerialised											
θ Transferred to a	noth	er ac	coun	t (Nu	mber	give	en bel	ow)		θ Νο	t appli	cabl	le						
DP ID									Cli	ient ID									
Balance present in a/c for								$\theta$ Ear - marked $\theta$ Pledged											
(To be filled by DP, if applicable)							$\theta$ Pending for Dematerialisation $\theta$ Frozen.												
							$\theta$ Pending for Rematerialisation $\theta$ Lock-in.												
								1											



I / W instr	For Bank use only: Sign. Of all holders are verified with Demat records.									
<b>DECLARAT</b>	1 6601 43.									
I/W	e declare/confirm tha	t all transact	ions are tr	ue/authentic.						
							Bank Officer Sign & Emp.			
	First / Sole H	older	9	econd Holder		Third Holder				
Name										
Signature										
				holder in preser						
Name of th	e account holder	Signature	of accoun	t holder		re of bank official with Name de and Stamp				
==		=======	==(Please	Tear Here)====	====	======	========			
		Ac	knowledg	ement Receipt						
Application	n No.									
	acknowledge the recei	ipt of the you	ır instructi	on for Closing the	follo	wing Acco	unt subject			
to verificati DP ID	OH: -			Client ID						
	e First / Sole Holder			Ollotte						
Name of the	e Second Holder									
	e Third Holder									
Reason for	Closure									

**Depository Participant Seal and Signature**