

**FORM - 34****APPLICATION FOR CLOSING AN ACCOUNT**

Date : / /

(For Beneficiary Account only)**1. I / We hereby request you to close my/our account with you as per following details:**

| Name of the holder(s) | |
|----------------------------|--|
| Sole / First Holder | |
| Second Holder | |
| Third Holder | |

2. Reason/s for Closure of depository account: _____**3. Client ID** (of account to be closed) : _____**4. Please tick the applicable option(s)**

| | | | |
|---|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Option A [There are no balances / holdings in this account] | | | |
| <input type="checkbox"/> Option B [Transfer the balances / holdings in this account as per details given] | <input type="checkbox"/> Transfer to my / our own account (Provide target account details and enclose Client Master Report of Target Account) | Target Account Details | |
| | <input type="checkbox"/> Transfer to any other account (Submit duly filled Delivery Instruction Slip signed by all holders) | <input type="checkbox"/> NSDL | <input type="checkbox"/> CDSL |
| | | DP ID | |
| | | Client ID | |
| <input type="checkbox"/> Option C [Rematerialise / Reconvert (Submit duly filled Remat / Reconversion Request Form-for mutual fund units)] | | | |

5. Signature(s)

| | |
|----------------------------|--|
| Sole / First Holder | |
| Second Holder | |
| Third Holder | |

Acknowledgement

| | |
|--|------------------------------------|
| We hereby acknowledge the receipt of your request for closing the following Account subject to verification: | |
| Name of Sole / First Holder | |
| Name of Second Holder | |
| Name of Third Holder | |
| Signature of the Authorised Signatory | Seal / Stamp of Participant |
| Date : | |