

Account Closure Request Form

| | | | | | | | | | | | |
|----------------------|-----------------------------|-----------------------------|-------------------------------|---|---|---|---|---|---|---|--|
| Application No. | | Date | 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)

To,
**PRRSAAR COMMODITIES
PVT.LTD.
17A/35,2ND FLOOR WEST PUNJABI
BAGH NEW DELHI-110026**

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 | 1 | 2 | 0 | 9 | 1 | 7 | 0 | 0 | Client ID | |
| Name of the First / Sole Holder | | | | | | | | | | |
| Name of the Second Holder | | | | | | | | | | |
| Name of the Third Holder | | | | | | | | | | |
| Address for Correspondence | | | | | | | | | | |
| City | | | | | State | | | PIN | | |
| Details of remaining security balances in the account (if any) | | | | | | | | | | |
| Reasons for Closing the Account | | | | | | | | | | |
| Balance remaining in the account (if any) to be : | | | | | | | | | | |
| <input type="checkbox"/> partly rematerialised and partly transferred. | | | | | <input type="checkbox"/> Rematerialised | | | | | |
| <input type="checkbox"/> Transferred to another account (Number given below) | | | | | <input type="checkbox"/> Not applicable | | | | | |
| DP ID | | | | | Client ID | | | | | |
| Balance present in account for (To be filled by DP, if applicable) | | | | | <input type="checkbox"/> Ear - marked | | | <input type="checkbox"/> Pledged | | |
| | | | | | <input type="checkbox"/> Pending for Dematerialisation | | | <input type="checkbox"/> Frozen | | |
| | | | | | <input type="checkbox"/> Pending for Rematerialisation | | | <input type="checkbox"/> 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.

===== (Please Tear Here) =====

Acknowledgement Receipt**Application No.****Date :-**

We hereby acknowledge receipt of your instruction for Closing the following Account subject to verification: -

| | | | | | | | | | | |
|---------------------------------|---|---|---|---|---|---|---|---|-----------|--|
| DP ID | 1 | 2 | 0 | 9 | 1 | 7 | 0 | 0 | Client ID | |
| Name of the First / Sole Holder | | | | | | | | | | |
| Name of the Second Holder | | | | | | | | | | |
| Name of the Third Holder | | | | | | | | | | |
| Reason for Closure | | | | | | | | | | |

Depository Participant Seal and Signature**Instructions to Account Holder(s)**

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