

## Account Closure Form

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>Closure Initiated By</b> : <input type="checkbox"/> BO <input type="checkbox"/> DP <input type="checkbox"/> CDSL	<b>Closure for</b> : <input type="checkbox"/> Trading <input type="checkbox"/> Demat <input type="checkbox"/> Both
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To,

**NextBillion Technology Pvt Ltd**

No 11, 80 feet Road, ST Bed, Koramangala 4th Block, Bangalore – 560034

**DP ID : 12088700**

Dear Sir / Madam,

I / We the Sole Holder /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	8	8	7	0	0	CLIENT ID												
TRADING (NSE & BSE)																					
Name of the Sole Holder																					
Address for Correspondence																					
City								State								PIN					

**Details of remaining security balances in the account (if any) : (Please attach the annexure )**

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 a/c for (To be filled by DP, if applicable)		<input type="checkbox"/> Ear - marked						<input type="checkbox"/> Pledged						<input type="checkbox"/> Frozen					
		<input type="checkbox"/> Pending for Dematerialisation						<input type="checkbox"/> Lock-in											
		<input type="checkbox"/> Pending for Rematerialisation																	

**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.

<b>First / Sole Holder</b>	
Name	
Signature	

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

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 (Please Tear Here)

### Acknowledgement Receipt

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

DP ID	1	2	0	8	8	7	0	0	CLIENT ID										
Name of the First / Sole Holder																			
Name of the Second Holder																			
Name of the Third Holder																			
Reason for Closure																			

**Instructions to Account Holder(s)**

- Submit a dully-filled up RRF if the balances are to be rematerialized.
- Submit a dully filled up transfer form (off market instruction slip) if the balances are to be transferred to another A/c.

**Depository Participant Seal and Signature**