

PMS - Account Closure Form (DP)

Application No. _____

Date: _____

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

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	3	3	2	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 rematerialized and partly transferred. <input type="checkbox"/> Rematerialized																	
<input type="checkbox"/> Transferred to another account (Number given below) <input type="checkbox"/> Not applicable																	
DP ID	1	2	0	3	3	2	0	0	Client ID								
Balance present in a/c for <input type="checkbox"/> Ear - marked <input type="checkbox"/> Pledged <input type="checkbox"/> Lock-in. <input type="checkbox"/> Pending for Dematerialization <input type="checkbox"/> Pending for rematerialization <input type="checkbox"/> Frozen.																	
(To be filled by DP, if applicable) * If DP or CDSL initiates account closure, Signature(s) of account holder(s) not required.																	

	First / Sole Holder	Second Holder	Third Holder
Name			
Signature *			

PMS - Account Closure Form (Trading)

To,

Angel Broking Ltd. / Angel Capital and Debt Market Ltd. / Angel Commodities Broking Pvt.Ltd.

Dear Sir,

I / We the holder of the trading account request you to close my / our account with you from the date of this application. The details of my/our account are given below.

Name of client :	Trading kyc code :	
Branch tag and name :	Sub-broker tag :	Sub-broker name :
Segments for closure: <input type="checkbox"/> BSE <input type="checkbox"/> NSE <input type="checkbox"/> BSE FO <input type="checkbox"/> NSE FO <input type="checkbox"/> MCX <input type="checkbox"/> NCDEX <input type="checkbox"/> MCD <input type="checkbox"/> NSX		

Signature of Client

Branch Approval

Sub-broker Signature

Acknowledgement Receipt

Application No. _____

Date: _____

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

DP ID	1	2	0	3	3	2	0	0	Client ID									Trading kyc code :
Name of the First / Sole Holder																		
Name of the Second Holder																		
Name of the Third Holder																		
Reason for Closure																		

Instructions to Account Holder(s): 1. Submit a duly-filled RRF if the balances are to be rematerialized.
 2. Submit a duly-filled transfer form (off market instruction slip) if the balances are to be transferred to another A/c.

Depository Participant Seal and Signature