

PMS Account Closure Request Form

CDSL DP ID: 12033200

Trading
 DP
 Trading & DP

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 | | | | | | | | | | | | | | | | | 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"/> Lock-in. | | <input type="checkbox"/> Pending for Dematerialization | | <input type="checkbox"/> Pending for rematerialization | | <input type="checkbox"/> Frozen. | | | | | | | | | | | | |
| * If DP or CDSL initiates account closure, Signature(s) of account holder(s) not required. | | | | | | | | | | | | | | | | | | | | | | | | |

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 Signature | Second Holder Signature | Third Holder Signature |
| Signature * | | | |

PMS Account Closure Request Form (Trading)

To,

Angel Broking 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 | | | | | | | | | | | | | | | | | | | | | | | |

Reasons for closing the account Service issue Shifting to competition Not interested in trading Other ()

Signature of Client

Branch Approval

Sub-broker Signature

For Office Use Only

| | |
|--------------|----------------|
| Maker | Checker |
| | |

| | |
|-----------------------|-------------------|
| Branch Received Stamp | HO Received Stamp |
|-----------------------|-------------------|

Acknowledgement Receipt

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