Rudra Shares & Stock Brokers Limited

(Formerly Known as Gigantic Securities Limited)

Corporate Office : Rudra House, (Adjoining Krishna Tower), 15/63, Civil Lines, Kanpur - 208 001
Ph. : 0512-3071647/648 • **Fax :** 0512-3913929 • **E-mail :** dp@rudrashares.com • **Web :** www.rudrashares.com
Reg. Office : 73, Rajdhani Nikunj Society, I. P. Extn.-94, Patparganj,New Delhi-110 092)
CDSL DP ID : & **Sebi Reg. No.:** IN-DP-CDSL-518-2009

CDSL

RUDRA Your Investment Partner

Account Closure Request Form

Application No.		Date	D	D	M	M	Y	D	Y	Y

Closure Initiated by ☐ BO ☐ DP ☐ CDSL

To be filled by the BO (in case of BO-initiated closure). 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									Client ID								
Name of First/Sole Holder																	
Name of Second Holder																	
Name of Third Holder																	
Address for Correspondence																	

City		State		PIN						

TRADING CLIENT CODE

Details of remaining security balances in the account (if any)

Reasons for Closing the Account

Balance remaining in the account (if any) to be :

☐ Partly rematerialised and partly transferred ☐ Rematerialised

☐ Transferred to another account (Number given below) ☐ Not Applicable

DP ID									Client ID								

Balance present in a/c for
(To be filled by DP, if applicable)

☐ Ear-marked ☐ Pledged
☐ Pending for Dematerialisation ☐ Frozen
☐ Pending for Rematerialisation ☐ 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 ho!der (s) not required.

(Please Tear Hear)

Application No.

Acknowledgement Receipt

Date :

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

TRADING CLIENT CODE

DP ID									Client ID								
Name of First/Sole Holder																	
Name of Second Holder																	
Name of Third Holder																	
Reason for Closure																	

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".**

Depository Participant Seal and Signature