



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

Account Closure Request Form

Application No.		Date	D	D	M	M	Y	D	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)

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)										<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 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)

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