

**CDBL Account Closing Form**  
**Bye Law 7.7.1**  
**Please fill in the CAPITAL letter**

Application No

Date          
D D M M Y Y Y Y

**To**  
 (Depository Participant Name)

DP ID

I/We, the Sole Holder/Joint Holder/ Guardian (in Case of minors)/ Clearing Member request you to close my/ our Depository Account with you. The details of my/ our account are as indicated below:

**Account Holder's Details**

Account ID

Name of Account Holder

Name of Second Account Holder

Name of Third Account Holder

**Closure Details**

Reason for Closing Account

**Details of Remaining Security Balance in the Account (if any)**

Where to be partly rematerialized and partly transferred: YES  NO

To be rematerialized: YES  NO  To be transferred to another Account: YES  NO

Whether any of the following is Applicable(To be filled by DP): Ear-marked  Pledged  Frozen

Name of Account Holder/s	Signature/s

Authorized Signature of Depository Participant

Seal of CDBL Participant