



# InvestMentor Securities Ltd.

DPID : IN 301233

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## ANNEXURE Q

APPLICATION FOR CLOSING AN ACCOUNT (For Beneficiary Account Only)

Date	D	D	M	M	Y	Y	Y	Y
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1. I / We hereby request you to close my our account with you as per following details :

Name of the holder(s)	
Sole / First Holder X	
Second Holder X	
Third Holder X	

2. Reason/s for Closure of depository account : \_\_\_\_\_

3. Client ID (of account to be closed) 

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4. Please tick the applicable option(s)

<input type="checkbox"/> Option A [ There are no balances / holdings in this account ]						
<input type="checkbox"/> Option B Transfer the balances / holding in this account as per details given	<input type="checkbox"/> Transfer my / our own account (Provide target account details and enclose Client Master Report of Target Account)					
	<input type="checkbox"/> Transfer to any other account (Submit duly filled delivery instruction Slip signed by all holders)					
	<table border="1"> <tr> <th colspan="2">Target Account Details</th> </tr> <tr> <td><input type="checkbox"/> NSDL</td> <td>DP ID</td> </tr> <tr> <td><input type="checkbox"/> CDSL</td> <td>Client ID</td> </tr> </table>	Target Account Details		<input type="checkbox"/> NSDL	DP ID	<input type="checkbox"/> CDSL
Target Account Details						
<input type="checkbox"/> NSDL	DP ID					
<input type="checkbox"/> CDSL	Client ID					
<input type="checkbox"/> Option C [Rematerialise / Reconvert (Submit duly filled Remat / Reconversion Request Form-for Mutual fund units)]						

5. Signature (S)

Sole / First Holder X	
Second Holder X	
Third Holder X	

### Acknowledgement

We hereby acknowledge the receipt of you request for closing the following Account subject to verification :

DP ID	I	N	3	0	1	2	3	3	Client ID							
Sole / First Holder X																
Second Holder X																
Third Holder X																

Signature of the Authorised Signaroty	Seal / Stamp of Participant
Date	