

Account Closure Request Form

Application No.		Date												
Closure Initiated by	<input type="checkbox"/> BO	<input type="checkbox"/> DP	<input type="checkbox"/> CDSL											

(To be filled by the BO. Please fill all the details in Block Letters in English)

RR Equity Brokers Pvt. Ltd ( Dp Id-42300)

Corporate Office : 412-422,Indraprakash Building, 21 Barakhamba Road, New Delhi-110001.

Ph. No. 011-23354802 Email Id – dp@rrfcl.com

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	4	2	3	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							PI												
								N																			

**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 rematerialised and partly transferred.		<input type="checkbox"/> Rematerialised																																		
<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"/> 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) =====

**Acknowledgement Receipt**

Application No.

Date :-

We hereby acknowledge the receipt of the your instruction for Closing the following Account subject to verification:

DP ID	1	2	0	4	2	3	0	0	Client ID									
Name of the First / Sole Holder																		
Name of the Second Holder																		
Name of the Third Holder																		
Reason for Closure																		

Depository Participant Seal and Signature