VIJETA BROKING INDIA PVT. LTD.



Regd. Office: 1/C, Jijibhoy Industrial Estate, 2nd Floor, Opp Vakharia Estate, Ram Mandir Road, Goregaon (W), Mumbai - 400 104. Phone: 91-8097499595 • E-mail Id: cdsl@vijetabroking.com Website: www.vijetabroking.com

ACCOUNT CLOSURE REQUEST FORM

Application No.				Date					
Closure Initiated by	□BO	DP							

(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	1	2	0	6	9	5	0	0 B	O Client ID							
Name of the First/Sole Hold	er															
Name of the Second Holder																
Name of the Third Holder																
Address for Correspondence																
City						Stat	е			P	IN					
Details of remaining secur	ity balar	nces in	the ac	coun	t (if an	y)					•		•	•	•	
Reasons for Closing the Acc	ount															
Balance remaining in the ac	count (if	any) to	be :													
partly rematerialised and	partly tra	ansferre	d						Rematerialis	ed						
Transferred to another a	count (N	lumber	given	below	/)				Not applicat	ole						
DP ID								BC	O Client ID							
Balance present in account	for					Ear -	marke	k		[Pledg	ged				
(To be filled by DP, if applic	able)					Pendi	ng for I	Demateria	alisation	[Froze	en.				
						Pendi	ng for	Remateria	lisation	[Lock-	·in.				
	De	claratio	on: In (case o	of Acc	ount C	losur	e due to S	SHIFTING (OF ACCO	DUNT:					
I/M	e declar	e and o	confirm	that	all the	transa	ctions	in my/ou	demat acc	ount are	true/ aut	hentic.				
Firs	/Sole Ho	older			Second Holder						Third Holder					
Name																
Name																
Name Signature*			Insture	(s) of	2000	nt hold	lor(s)		ed							
Name	unt clos	ure, Sig	Inature	(s) of					ed.							
Name Signature*	unt clos	ure, Sig	inature				e Teai	Hear)	ed.		 Dat					
Name Signature* *If DP or CDSL initiates according to the second				Ac	knowle	(Pleas edgem	e Teai ent Re	Hear) _		iect to ve						
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Name Signature* *If DP or CDSL initiates accord	receipt o	of the year of the	pur ins	e rema	knowle on for (5	(Pleas edgem Closing 0	e Teal ent Re the fc	Hear)	ID		rification		Broki		dia Pv	t. Ltd.
Name Signature* *If DP or CDSL initiates accord	receipt o	of the year of the	pur ins 9 re to bo Slip [D	e rema	knowle on for (5	(Pleas edgem Closing 0 0 zed.	e Tear ent Re the fo 0	Hear) ceipt bllowing A BO Client	ccount subj	es are	rification	:-	Broki			t. Ltd.

(As per Communique - CDSL/OPS/DP/2130 Dated 6/10/2010)

(Authorised Signatory)

Date: -	

Name: _____

Client Code:	

Address:

Vijeta Broking India Pvt Ltd 1/C, Jijibhoy Industrial Estate.2ND Floor Opp-Vakharia Estate.Ram Mandir road Goregaon (W).Mumbai- 400104

Dear Sir

Re: Request for Closure of the Trading A/c No:_____

Kindly do the needful at the earliest.

Thanking You, Yours Faithfully,

(SIGN)

Name: