Account Closure Request Form

Application No.							Date	:							
Closure Initiated by		□ BO □ DP □ CDSL													
(To be filled by the BO (in o	(To be filled by the BO (in case of BO-initiated closure). Please fill all the details in Block Letters in English)														
To, Vardhamanglobal Sharecom Pvt. Ltd. No G-1, Plot No A19, B37 38, Janta Colony, SDC Oasis, Jaipur-302004															
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															
			П.												
DP ID	1 2 0 8 7 8 0 0					Clien	Client ID 0 0								
Name of the First / Sole Ho															
Name of the Second Holder															
Name of the Third Holder															
Address for															
Correspondence															
City		State					Co	ountry	Inc	ia P	IN				
Reasons for Closing the Ac															
Details of remaining security balances in the account (if any) Balance remaining in the account (if any) to be :															
□ partly rematerialized and partly transferred. □ Rematerialized															
☐ Transferred to another account (Number given below) ☐ Not applicable DP ID ☐ Client ID ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐															
Balance present in account for Client ID															
(To be filled by DP, if applic				Pending for Dematerialisation						ozen					
<u>DECLARATION</u> : 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															
Г	First / S	ala Ha	ldor			Soc	ond Hold	OF			Third H	loldor			
	riist / S	ole no	idel			360	ona noia	CI			ıııı u n	Juer			
Name															
Signature *															
*If DP or CDSL initiates acc	*If DP or CDSL initiates account closure, Signature(s) of account holder(s) not required.														