



### Account Closure Request Form

VACHANA  
INVESTMENTS

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

(To be filled by the BO (in case of BO-initiated closure). Please fill all the details in **Block Letters** in English)

To,  
**Vachana Investments Pvt Ltd No.**  
**32, 2nd Main Road, 1st Floor,**  
**Vyalikaval Extension, Bhashyam**  
**Circle, SadashivNagar,**  
**Bangalore – 560003**

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																			Client ID																		
Name of the First / Sole Holder																																					
Name of the Second Holder																																					
Name of the Third Holder																																					
Address for Correspondence																																					
City									State			PIN																									
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 account 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 Here) =====

**Acknowledgement Receipt**

**Application No.**

**Date :-**

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

DP ID																			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**

**Instructions to Account Holder(s)**

- Submit a duly-filled RRF if the balances are to be rematerialized.
- Submit a duly-filled Delivery Instruction Slip [DIS] (off market instruction slip) if the balances are to be transferred to another Account. This requirement is not applicable in the case of **"SHIFTING OF ACCOUNT"**.