

## **Closure Details:**

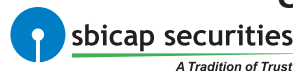
### **PRE-CHECK**

Following pre-check to be done before sending the requests for Closure of [Trading and DP accounts (CDSL/NSDL)] to enable us to process the requests expeditiously and to avoid possible rejections.

1. Ledger Balance in your account (should have Nil/ Credit balance), It should not have Debit Balance.
2. Signatures of all the holders should match with SSL records.
3. Existing details i.e. Name and Address should be match with SSL records.
4. No stock of yours is held in our Pool account.
5. You are requested to unmark the lien on funds and securities created in favor of SBICAP Securities Ltd before applying for closure of the Account.
6. In case request is received for closure cum transfer request, DP client master of target DP CML copy required along with seal and stamp of DP.
7. All holders are required to sign the closure request form.

(To be submitted in Duplicate)

Closure Initiated by :  BO  Depository Account  CDSL  NSDL



To,
SBICAP Securities Ltd.
12th Floor, "A & B" Wing, Marathon Futurex,
N. M. Joshi Marg, Lower Panel (E), Mumbai- 400013.
Tel.: 022 - 43487240 / 41

Client Name \_\_\_\_\_
Address \_\_\_\_\_
Submission Date: [D][D][M][M][Y][Y][Y][Y]

CDSL |  NSDL

Re: Account Closure Request Form

Dear Sir / Madam,

I / We the Sole Holder / Joint Holders / Guardian (in case of Minor) request you to close my / our account with you from the date of this application. The details of my/our account are given below: (Please tick appropriate option)

Form section for account details including: CLOSURE TO BE EFFECTED IN: Trading Account, Depository Account, Trading + Depository Account; Trading Code.; BO ID; Name of 1st Holder, Name of 2nd Holder, Name of 3rd Holder.

DETAILS OF REMAINING BALANCES IN THE ACCOUNT (IF ANY)

Form section for remaining balances including: Reasons for Closing the Account; Balance remaining in the BO account (if any) to be: Partly rematerialised and partly transferred, Transferred to another account, Rematerialised, Not applicable / No Holding; DP ID; Client ID; Balance present in a/c for (To be filled by DP, if applicable): Pending for Dematerialisation, Ear - marked, Pledged, Frozen, Lock-in, Pending for Rematerialisation.

Confirmation for delivery instruction slips

I/We confirm to have surrendered all unutilized delivery instruction slips.  I/We confirm to have exhausted / misplaced all delivery instruction slips.

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.

I / We further undertake to indemnify SBICAP Securities Limited against any loss, claims, damages that may have incurred/arise to SBICAP Securities Limited prior to the termination / closure with the transactions entered into or acts done or omitted prior to the termination/ closure of our financial relationship.

Further please note that the POA given to SBICAP Securities Ltd. for operating the BO Account No. \_\_\_\_\_ stands revoked on closure of the account.

I request you to make full and final settlement of my account and credit the funds and securities due to me, if any, to my designated

Demat a/c. \_\_\_\_\_ and Bank a/c \_\_\_\_\_

Table with 4 columns for signatures of Holder, SBICAP Securities Ltd., and other entities. Includes 'Holder's Name' row.

Instructions to Account Holder(s)

- Submit a duly-filled RRF if the balance 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"

\* If DP or CDSL/NSDL initiates account closure, Signature(s) of account holder(s) not required.

Note: The client should unmark the lien on funds and securities created in favour of SBICAP Securities Ltd. before applying for closure of the Trading Account

Table for Office Use Only with columns: Demat, Trading. Rows: Scrutiny By Name EMP Code, Data Entered By, Verified By, Reference No.

BRANCH STAMP box

HO STAMP box

• For any Assistance you may kindly contact your request SSL Branch or Dial Customer Care at our Toll Free: MTNL/BSNL Users: 1800-22-3345
• Private Telecom Users: 1800-209-9345 write to us helpdesk@sbicapsec.com
• Compliance Officer: Mrs. Dhanashree Kenkre | Email: complaints@sbicapsec.com | Contact No.022-42273301