

KELLTON SECURITIES PRIVATE LIMITED

DP ID 35200, SEBI REGN. NO. IN-DP-CDSL-611-2011
 Plot No: 1367, Road No: 45, Jubilee Hills, Hyderabad - 500 033.
 Ph: 040-44333000 Fax: 040-6666 9856

Account Closure Request Form

Application No.		Date	D	D	M	M	Y	Y	Y	Y
Closure Initiated by	BO	DP	CDSL							

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

To,
Depository Participant Name
Address

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 First / Sole Holder											
Name of Second Holder											
Name of 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.	

	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													

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.

Depository Participant Seal and Signature