

**Annexure 10.1**

**Account Closure Request Form**

Application No.		Date												
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,  
**R.R.NABAR & Co. SHARE BROKERS PVT.LTD.**  
**Examiner Press Bldg, 31, Dalal Street,**  
**Fort , MUMBAI- 400001**

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:

<b>Account Holder's Details</b>														
DP ID	1	2	0	4	9	7	0	0	Client ID	0	0	0		
Name of the First / Sole Holder														
Name of the Second Holder														
Name of the Third Holder														
Address for Correspondence														
City				State				PIN						
<b>Details of remaining security balances in the account (if any)</b>														
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 Hear)=====

**Acknowledgement Receipt Application No. Date :**

We hereby acknowledge receipt of 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**".