

**Account Closure Request Form**

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

(To be filled by the BO. Please fill all the details in **Block Letters** in English)

To,

**KEYNOTE CAPITALS LTD**  
**THE RUBY , 9<sup>TH</sup> FLOOR**  
**SENAPATI BAPAT MARG**  
**DADAR(W), MUMBAI -400028**

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 a/c 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.		

<b>'DECLARATION: In case of Account Closure due to SHIFTING OF ACCOUNT:</b>			
I/We declare and confirm that all the transactions in my/our demat account are true/ authentic			
	<b>First / Sole Holder</b>	<b>Second Holder</b>	<b>Third Holder</b>
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											

DP SEAL &amp; 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**".