Office Address: RELITRADE HOUSE, 2nd FLOOR, 'O' BLOCK MONDEAL RETAIL PARK, S.G.HIGHWAY AHMEDABAD - 380 059, GUJARAT, INDIA. | **Tel:** +91 79 68199999
Email: dp.helpdesk@relitrade.in | **Website:** www.relitrade.in

Account Closure Request Form

☐ Trading ☐ DP ☐ Trading & DP CDSL DP ID: 12088400

Closure initiated by ☐ DP ☐ CDSL ☐ BO (To be filled by the BO. Please fill all the details in Block Letters in English)

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	1	2	0	8	8	4	0	0	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: ☐ Partly rematerialized and partly transferred. ☐ Rematerialized																		
☐ Transferred to another account (Number given below) ☐ Not applicable																		
DP ID									Client ID									
Balance present in a/c for (To be filled by DP, if applicable)	☐ Ear - marked ☐ Pledged ☐ Lock-in ☐ Pending for Dematerialization ☐ Pending for rematerialization ☐ Frozen																	
	* If DP or CDSL initiates account closure, Signature(s) of account holder(s) not required.																	

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 Signature	Second Holder Signature	Third Holder Signature
Signature *			

Account Closure Request Form (Trading)

To,

Relitrade Stock Broking Pvt. Ltd.

Dear Sir,
I / We the holder of the trading account request you to close my / our account with you from the date of this application. The details of my/our account are given below:

Name of client :		Trading KYC Code :
Branch tag and name :	AP Tag :	AP Name:
Segments for closure: ☐ BSE ☐ NSE ☐ BSE FO ☐ NSE FO ☐ MCX ☐ SLB		

Reasons for closing the account ☐ Service issue ☐ Shifting to competion ☐ Not interested in trading ☐ Other ( )

Signature of Client

Branch / Sub-broker Approval

For Office Use Only

Branch Received Stamp

HO Received Stamp

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Acknowledgement Receipt

Date: _____

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

DP ID	1	2	0	8	8	4	0	0	Client ID									Trading kyc code :
Name of the First / Sole Holder																		
Name of the Second Holder																		
Name of the Third Holder																		
Reason for Closure																		

Instructions to Account Holder(s): 1. Submit a duly-filled RRF if the balances are to be rematerialized.
2. Submit a duly-filled transfer form (off market instruction slip) if the balances are to be transferred to another A/c.

Depository Participant Seal and Signature