



Account Closure Request Form (CDSL)

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

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

To,
HARDIK FINTRADE PVT LTD
1006-1008, 10th Floor, B Wing, Atma House,
Nr. Times Of India, Opp.Old Rbi, Ashram Road
Navrangpura, Ahmedabad-380009
Ph. No. 079-26580493-94
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	7	0	1	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 :														
1 Partly rematerialized and partly transferred.						2 Rematerialized								
3 Transferred to another account (Number given below)						4 Not Applicable								
DP ID									Client ID					
Balance present in account for						Ear - marked			Pledged			Frozen		
(To be filled by DP, if applicable)						Pending for Demat			Pending for Remat			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 Here).....

Acknowledgment Receipt

Application No. _____ **Date:-** _____
We hereby acknowledge the receipt of your instruction for closing the following account subject to verification:-

DP ID	1	2	0	7	0	1	0	0	Client ID			
Name of the First / Sole Holder												
Name of the Second Holder												
Name of the Third Holder												
Reason for Closure												

Instructions: 1 Submit a duly filled RRF if the balances are to be rematerialized.
2 Submit a duly filled DIS (off market instruction slip) if the balances are to be transferred to another account. (Not applicable in "Shifting of Account".)

Depository Participant Seal and Signature