



**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, 10<sup>th</sup> 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:

<b>Account Holder's Details</b>												
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 (To be filled by DP, if applicable)						Ear - marked			Pledged			Frozen		
						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**

# CDSL – TRANSMISSION FORM

(In case of death of the sole holder)

Annexure 7.1

Application No. \_\_\_\_\_.

Date: / /20

To,

**HARDIK FINTRADE PVT LTD**

1006-1008, 10<sup>th</sup> Floor, B Wing, Atma House,  
Nr. Times Of India, Opp. Old Rbi, Ashram Road  
Navrangpura, Ahmedabad-380009  
Ph. No. 079-26580493-94

I, Nominee / Successor/ Guardian of the successor or nominee(s) (in case the claimant is a Minor \_\_\_\_\_) request you to transmit the following securities due to the death of the sole account holder. Original Death Certificate / copy of Death Certificate (duly notarized / attested under seal by a Gazetted Officer) is attached herewith.

Account Number of the deceased BO:

Name of the deceased BO:

DP ID	1	2	0	7	0	1	0	0	CLIENT ID								
Name																	

Kindly transmit all securities in the deceased BO's account mentioned above to the BO account mentioned below.

Detail Of the Successor (s)

DP ID									CLIENT ID								
Name																	

**Details of Transmission**

Sr. No	Name of The Security	ISIN	Quantity of securities to be transmitted	Percentage

Attach an annexure duly signed by the Nominee(s)/ Successor / Guardian of the successor or nominee(s) (in case of Minor),  
if the space above is insufficient. (Nominees / Successor / Guardian of successor or nominee(s)  
(in case of Minor)

	Nominee (1) Successor/Guardian of successor/Nominee	Nominee (2) Successor/Guardian of successor/Nominee	Nominee (3) Successor/Guardian of successor/Nominee
Name			
Signature			

# CDSL – TRANSMISSION FORM

(In case of death of the sole holder)

Annexure 7.1

## Acknowledgement Receipt

Application No. \_\_\_\_\_

Date: / /20

We hereby acknowledge receipt of the instructions for transmission of securities from the deceased BO's account to the account of the Nominee(s) / Successor / Guardian of the successor or nominee(s) (in case of Minor), as per details given on the transmission form.

DP ID	1	2	0	7	0	1	0	0	CLIENT ID								
Name																	

Successor Bo Name(S)

First/Sole Holder	Second Holder	Third Holder
Documents Submitted		

Subject to verification.

Depository Participants Seal & Signature

### List of Documents enclosed (જોડાયેલું દસ્તાવેજની યાદી)

- Original death certificate or copy of death certificate attested by the Nominee(s) subject to verification with the original or copy of death certificate duly attested by a notary public or by a gazetted officer. (મૂળ મૃત્યુ પ્રમાણપત્ર અથવા નોમિની(ઓ) દ્વારા પ્રમાણિત મૃત્યુ પ્રમાણપત્રની નકલ મૂળ સાથે ચકાસણી ને આધીન છે અથવા મૃત્યુ પ્રમાણપત્રની નકલ નોટરી પબ્લિક અથવા ગેઝેટે અધિકારી દ્વારા યોગ્ય રીતે પ્રમાણિત છે.)
- Client Master Report of the Target account duly attested by staff of depository participant, in case the account of the Nominee(s) is not with the HARDIK FINTRADE PVT.LTD (ટાર્ગેટ એકાઉન્ટનો ક્લાયન્ટ માસ્ટર રિપોર્ટ ડિપોઝિટરી સહભાગી ના સ્ટાફ દ્વારા યોગ્ય રીતે પ્રમાણિત કરવામાં આવે છે, જો નોમિની(ઓ)નું ખાતું HARDIK FINTRADE PVT.LTD માં ન હોય.)
- Copy of PAN card of Nominee(s) issued by Income Tax Department duly self-attested along with Original for verification. (આવકવેરા વિભાગ દ્વારા જારી કરાયેલ નોમિની(ઓ)ના પાન કાર્ડની નકલ તેની સાથે યોગ્ય રીતે સ્વ-પ્રમાણિત ચકાસણી માટે મૂળ.)
- CLIENT HOLDING (ક્લાઈન્ટ હોલ્ડિંગ)

**Letter / Email Format - Intimation of Demise information by the Joint Holder(s) / Nominee(s)**

Application No. \_\_\_\_\_.

Date: / /20

To,

**HARDIK FINTRADE PVT LTD**

1006-1008,10<sup>th</sup> Floor, B Wing, Atma House,  
Nr. Times Of India, Opp.Old Rbi, Ashram Road  
Navrangpura, Ahmedabad-380009  
Ph. No. 079-26580493-94

**Sub.: Intimation of demise information.**

Ref.: PAN \_\_\_\_\_ Folio/Account Number: /Account Number

I/We regret to inform you about the demise having the above PAN / Folio / Account, where I/We is/are the joint holder(s) / registered nominee(s) in the accounts maintained with your organization / entity. Original downloaded / self-attested copy of the Death Certificate is attached for your kind action. I/We am/are enclosing the self-attested copy of deceased person for PAN or any other valid ID proof for necessary validation.

Please let us know the procedure and documentation requirements to transmit the units in my/our favour. Also, note my/our contact details for necessary communication / contacts in this regard and not for updation in KYC records or in any of the accounts.

Details	Joint Holder1 / Nominee1	Joint Holder2/ Nominee2	Nominee3
Name			
PAN			
Relation			
Mobile			
Email			
Address			

I/We acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may be liable for it for any fines or consequences as required under the respective statutory requirements. I/We hereby authorize you to disclose, share, rely, remit in any form, mode, or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to any of the KYC Registration Agency(ies) for necessary action

**Signature:**

	Nominee (1) Successor/Guardian of successor/Nominee	Nominee (2) Successor/Guardian of successor/Nominee	Nominee (3) Successor/Guardian of successor/Nominee
Name			
Signature			