

Account Closure Request Form

Annexure 10.1

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

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



To,
RAJVI STOCK BROKING (P) LTD.

(Formerly known as Rajvi Stock Broking Ltd.) CIN No. U67120GJ2004TTC043777
G/2, Block-B, Jaldarshan Commercial Building, Opp. Natraj Cinema, Ashram Road, Ahmedabad-380009.
Ph.: 40803006, 40803007 Telefax : 079-40803020 E-mail : rajvistockbroking@yahoo.co.in

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	4	2	2	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 :																										
<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		

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 *	X	X	X

* If DP or CDSL initiates account closure, Signature(s) of account holder(s) not required.

Acknowledgement Receipt

Application No. Date : _____

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

DP ID	1	2	0	4	2	2	0	0	Client ID								
Name of the First/Sole Holder																	
Name of the Second Holder																	
Name of the Third Holder																	
Reason for Closure																	

Instructions to Account Holder(s)

Submit a duly-filled RRF if the balance are to be rematerialized.
Submit a dully-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"**

Depository Practicipant Seal and Signature