

ANNEXURE Q
APPLICATION FOR CLOSING AN ACCOUNT
(For Beneficiary Account only)

To,

Date											
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DP Name: CFS FINANCIAL SERVICES PVT.LTD.

DP Address: DSS 13/14,SEC-30,FARIDABAD HARYANA-121001

DP ID :IN301918

1. I / We hereby request you to close my/our account with you as per following details:

Name of the holder(s)	
Sole/ First Holder	
Second Holder	
Third Holder	

2. Reason/s for Closure of depository account: _____

3. Client ID (of account to be closed)

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4. Please tick the applicable option(s)

<input type="checkbox"/> Option A [There are no balances / holdings in this account]																									
<input type="checkbox"/> Option B [Transfer the balances / holdings in this account as per details given]	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Transfer to my / our own account <i>(Provide target account details and enclose Client Master Report of Target Account)</i> </td> <td style="width: 50%; text-align: center;">Target Account Details</td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Transfer to any other account <i>(Submit duly filled Delivery Instruction Slip signed by all holders)</i> </td> <td style="vertical-align: top;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> NSDL</td> <td style="width: 50%;">DP ID</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> <tr> <td><input type="checkbox"/> CDSL</td> <td>Client ID</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> </td> </tr> </table>	<input type="checkbox"/> Transfer to my / our own account <i>(Provide target account details and enclose Client Master Report of Target Account)</i>	Target Account Details	<input type="checkbox"/> Transfer to any other account <i>(Submit duly filled Delivery Instruction Slip signed by all holders)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> NSDL</td> <td style="width: 50%;">DP ID</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> <tr> <td><input type="checkbox"/> CDSL</td> <td>Client ID</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	<input type="checkbox"/> NSDL	DP ID									<input type="checkbox"/> CDSL	Client ID								
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<input type="checkbox"/> CDSL	Client ID																								
<input type="checkbox"/> Option C [Rematerialise / Reconvert <i>(Submit duly filled Remat / Recon version Request Form-for mutual fund units)</i>]																									

5. Signature(s)

Sole / First Holder	
Second Holder	
Third Holder	

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