

REGISTERED OFFICE: 1214-1216, 12th floor, DSCCSL(53E), Road 5E, Block 53, Nr. Grand Mercure Hotel, ZONE 5, DTA, Gift City, Gandhinagar, Gujarat-382355
 CORPORATE & COMMUNICATION OFFICE ADDRESS: 407, The Grand Mall, Opp. SBI Zonal Office, Ambawadi, Ahmedabad, Gujarat - 380 015.
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ACCOUNT CLOSURE REQUEST FORM DEMAT TRADING TRADING & DP

Application No.	Date (dd/mm/yyyy)								
Closure Initiated by	<input type="checkbox"/> BO <input type="checkbox"/> DP <input type="checkbox"/> CDSL								

To be filled by the BO (in case of BO - initiated closure). 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 Holders details

DP ID	1	2	0	6	2	7	0	0	Client ID							
TRADING CODE				BRANCH CODE				SUB-BROKER CODE								
Name of First / Sole Holder																
Name of Second Holder																
Name of Third Holder																
Address for Correspondence																
City						State						Pin Code				

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																
Balance present in account 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*			

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

Powered by: Airan Finstocks Pvt. Ltd. | SEBI Regn. No. NSE/ BSE/ MCX: INZ000214031 | SEBI Regn. No. DP: IN-DP-CDSL-528-2009

-----: (Please Tear Here) -----

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	6	2	7	0	0	Client ID							
Name of First / Sole Holder																
Name of Second Holder																
Name of Third Holder																
Reason for Closure																

Instructions to Account Holder(s):

- Submit a duly-filled RRF if the balances are to be rematerialised.
 - Submit a duly-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"
- For AIRAN FINSTOCKS PRIVATE LIMITED**