

**CDBL Account Closing Form**  
 Bye Law 7.7.1  
 Please fill in all the details in CAPITAL letters

Application No.

Date   
 D D M M Y Y Y Y

To  
 (Depository Participant Name)

DP ID

I/We, the Sole Holder / Joint Holders / Guardian (in case of minors) / Clearing Member request you to close my / our Depository Account with you. The details of my / our account are as indicated below.

**Account Holder's Details**

Account ID

Name of Account Holder

Name of Second Account Holder

Name of Third Account Holder

**Closure Details**

Reason for Closure of Account

**Details of Remaining Security Balances in the Account (if any)**

Whether to be partly rematerialized and partly transferred: YES  NO

To be rematerialized: YES  NO  To be Transferred to another Account: YES  NO

Whether any of the following is Applicable (To be filled by DP): Ear-marked  Pledged  Frozen

Name of Account Holder/s	Signature/s

Authorized Signature of Depository Participant

Seal of CDBL Participant