

**Account Closure Request Form**

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 the BO (in case of BO-initiated closure). Please fill all the details in **Block Letters** in English)

To,  
**PARKER DERIVATIVES INDIA PVT. LTD.**  
 B-71, Pariseema Complex, Near Swagat, CG Road, Ellisbridge, Ahmedabad - 380006.

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	8	5	6	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					
<b>Details of remaining security balances in the account (if any)</b>										
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 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.

===== (Please Tear Here) =====

**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	8	5	6	0	0	Client ID	
Name of the First / Sole Holder										
Name of the Second Holder										
Name of the Third Holder										
Reason for Closure										

**Depository Participant Seal and Signature**

**Instructions to Account Holder(s)**

- o Submit a duly-filled RRF if the balances are to be rematerialized.
- o 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**".