

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)

COMPETENT FINMAN PVT.LTD.
CDSL DP ID :- 12047900
CORPORATE OFFICE: C-157 SECOND FLOOR
INDUSTRIAL AREA PHASE 7 MOHALI-160055

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												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 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.

Please close my trading A/C Also.

	First / Sole Holder	Second Holder	Third Holder
Name			
Signature *			

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

Depository Participant Seal and Signature