

## 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. Please fill all the details in **Block Letters** in English)

To,  
**Shreni Shares Limited**  
 Office No. 217, Hive 67 Icon, Poisar Gymkhana Road,  
 Lokmanya Tilak Nagar Poisar, Kandivali West, Mumbai,  
 Maharashtra, India, 400067

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 :

### Client / Account Holders Details

DP ID	1	2	0	7	4	9	0	0	Client ID								
Name of Sole/ First Holder																	
Name of Second Joint Holder																	
Name of Third Joint Holder																	
Address for Correspondence									_____			_____			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
									City			State			Pin		

### Details Of Remaining Security Balances In The Account (If Any)

Reasons for Closing the Account																				
Incuse of account closure - Balance remaining in the account to be (If any)									<input type="checkbox"/> Partly rematerialized and partly transferred.								<input type="checkbox"/> Rematerialized			
									<input type="checkbox"/> Transferred to another account (Number given below)								<input type="checkbox"/> Not applicable			
									DP ID											
Client ID																				
Balance present in a/c for (To be filled by DP, if applicable)									<input type="checkbox"/> Pending for Dematerialisation								<input type="checkbox"/> Frozen			
									<input type="checkbox"/> Ear - marked								<input type="checkbox"/> Lock-in			
									<input type="checkbox"/> Pending for Rematerialisation								<input type="checkbox"/> Pledged			

### Declaration : In case of Account closure due to **Shifting of Account** :

I/We declare and confirm that all the transaction 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.

Acknowledgement Receipt

We hereby acknowledge the receipt of the your instruction for Closing the following Account subject to verification:

Allocation No.									Date	D	D	M	M	Y	Y	Y	Y
DP ID									Client ID								
Name of Sole/ First Holder																	
Name of Second Joint Holder																	
Name of Third Joint Holder																	
Reason for Closure																	

Depository Participant Seal and Signature

Instructions to Account Holder(s)

- ☐ Submit a duly-filled RRF if the balances are to be rematerialized.
- ☐ Submit a duly-filled transfer form (off market instruction slip) if the balances are to be transferred to another A/c.