



ACCOUNT CLOSURE FORM

Application No.	Date
Closure Initiated by ? BO ? DP ? CDSL	

(To be filled by the BO. Please fill all the details in **Block Letters** in English)

To,
PATERSON SECURITIES PRIVATE LTD.,
48, SECOND LINE BEACH
CHENNAI 600 001.
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	1	2	0	4	0	1	0	0	CLIENT ID	0	0	0		
Name of the First / Sole Holder														
Name of second Holder														
Name of Third Holder														
Address for Correspondence														
City														
State														
Pin														
Details of remaining security balance in the account (if any)														
Reasons for Closing the Account														
Balance remaining on the account (if any) to be:														
? partly rematerialised and partly transferred. Rematerialised														
? Transferred to another account (Number given below) Not applicable														
DP ID	1	2	0	4	0	1	0	0	CLIENT ID					
Balance present in a/c for														
(To be filled by DP, if applicable)														
Ear - marked Pledged														
Pending for Dematerialisation Frozen.														
Pending for Rematerialisation 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 Hear)**=====

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	4	0	1	0	0	CLIENT ID	0	0	0		
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**".
