

Account Closure 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,

Systematix Shares and Stocks (I) Ltd.
J K Somani Bldg., 2nd Floor,
British Hotel Lane, Fort
Mumbai – 400 023.

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 a/c 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 | | | | | | 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 dully-filled up RRF if the balances are to be rematerialized.
- o Submit a duly filled up transfer form (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"**.