



**APPLICATION FOR CLOSING AN ACCOUNT  
(For Beneficiary Account only)**

Application No:-  
**ANNEXURE Q**  
Date : \_\_/\_\_/\_\_\_\_

To,

ARIHANT Capital Markets Ltd. (DP ID – IN301983)  
6, Lad Colony, Y.N. Road,  
Indore (MP) - 452 001

1. I / We hereby request you to close my/our account with you as per following details:

Name of the Holder(s)	
Sole/First Holder	
Second Holder	
Third Holder	

2. Reason/s for Closure of depository account: \_\_\_\_\_

3. Client ID (of account to be closed) 

<b>1</b>									
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4. Please tick the applicable option(s)

<input type="checkbox"/> <b>Option A</b> [There are no balances / holdings in this account]																															
<input type="checkbox"/> <b>Option B</b> [Transfer the balances / holdings in this account as per details given]	<input type="checkbox"/> <b>Transfer to my / our own account</b> <i>(Provide target account details and enclose Client Master Report of Target Account)</i> <input type="checkbox"/> <b>Transfer to any other account</b> <i>(Submit duly filled Delivery Instruction Slip signed by all holders)</i>																														
<table border="1"> <tr> <th colspan="10">Target Account Details</th> </tr> <tr> <td><input type="checkbox"/> NSDL</td> <td>DP ID</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td><input type="checkbox"/> CDSL</td> <td>Client ID</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>		Target Account Details										<input type="checkbox"/> NSDL	DP ID									<input type="checkbox"/> CDSL	Client ID								
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<input type="checkbox"/> <b>Option C</b> [Rematerialize / Reconvert <i>(Submit duly filled Remat / Reconversion Request Form-for mutual fund units)</i> ]																															

5. Signature(s)

Sole/First Holder	√
Second Holder	
Third Holder	

<b>FOR OFFICE USE ONLY</b>	<b>Due Status</b>	Hld.	Closure Instr.:-	Date :-
		Amt.(₹)	Captured by	Verify & Released by

Acknowledgement									
We hereby acknowledge the receipt of the your request for closing the following Account subject to verification:									
<b>DP ID</b>	IN301983	<b>CLIENT ID</b>							
Name of Sole/First Holder									
Name of Second Holder									
Name of Third Holder									
<b>Signature of the Authorised Signatory</b>							<b>For ARIHANT Capital Market Limited</b>		
Date:-									