



SKSE Securities Limited

(Subsidiary of Saurashtra Kutch Stock Exchange Ltd. - Erstwhile)



Regd. Office : "Popatbhai Sorathia Bhavan", Labhubhai Trivedi Chowk, Sadar Bazar, RAJKOT - 360 001.

Phone : (0281) 3041280 / 3041281 / 3041282 Tele Fax : 3041263 BSE Clg. Code No. : 01 / 258 SEBI R-No. INB 011076032

Account Closure Request Form

Please fill all the details in Block Letters in English

Application No.

Application No.

Date

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To,
Depository Participant

Dear Sir,

I / We the sole Holder / Joint Holder / 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.

***Please strike out whichever is not applicable.**

Account Holder's Details	
Name of the First Holder	
Name of the Second Holder	
Name of the Third Holder	
DP ID	1 2 0 1 8 0 0 0 Client ID
Address for Correspondence	

Details of remaining security balances in the account (if any)	
Reasons for Closing the Account	
Closure Initiated by	<input type="checkbox"/> CDSL <input type="checkbox"/> DP <input type="checkbox"/> BO
Whether to be partly rematerialised and partly transferred,	<input type="checkbox"/> YES <input type="checkbox"/> NO
To be Rematerialised	<input type="checkbox"/> YES <input type="checkbox"/> NO
To be Transferred to another Account (Number given below)	<input type="checkbox"/> YES <input type="checkbox"/> NO
DP ID	Client ID
Balance Present in account for (to be field by DP, if applicable)	<input type="checkbox"/> Ear - marked <input type="checkbox"/> Pledged <input type="checkbox"/> Lock-in <input type="checkbox"/> Pending for Dematerialisation <input type="checkbox"/> Frozen <input type="checkbox"/> Pending for Rematerialisation

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*	X	X	X

* If DP or CDSL initiates account closure signature(s) of account holders not required.

Acknowledgment 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	1	8	0	0	0
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 Client ID

Name of the First / Sole Holder	
Name of the Second Holder	
Name of the Third Holder	
Reason for Clouse	

Instruction to BO

- Submit a dully-filled up RRF if the balances are to be rematerialized.
- Submit a duly - filled delivery instruction grip (DIS). [off market instruction grip] if the balances are to be transferred to another account. This requirement is not applicable in the case of "SHIFTING OF ACCOUNT".