

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

FORT SHARE BROKING PVT. LTD.

Depository Participant of Central Depository Services (I) Ltd.
 Udayachal, 9 Rawdon Street, 2nd Floor, Room No. 7 Kolkata -700
 017 Phone : 033 - 40510157 • Fax : 2289-4498 Email :
 dp@fortshare.net • Website: www.fortshare.net
 DP ID No. 12059300, SEBI Regn. No. : IN-DP-CDSL-492-2008



Dear Sir / Madam,

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:

Account Holder's Details																				
DP ID	1	2	0	5	9	3	0	0	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 any 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-ir				

	First / Sole Holder	Second Holder	Third Holder
Name			
Signature*			

*If DP or CDSL initiates account closure, Signature(s) of account holder(s) not required.



ACKNOWLEDGMENT RECEIPT

Application No.

Date :

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

DP ID	1	2	0	5	9	3	0	0	Client ID										
Name of the First / Sole Holder																			
Name of the Second Holder																			
Name of the Third Holder																			
Reason for Closure																			

Instructions to Account Holder(s)

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

Fort Share Broking Pvt. Ltd.

Seal & Signature