

# Account Closure Request 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 (in case of BO-initiated closure). Please fill all the details in **Block Letters** in English)

To  
**FORT SHARE BROKING PVT. LTD.**

*Depository Participant of Central Depository Services (I) Ltd.*  
 8, Loudon Street (8B, Dr. U. N. Brahmachari Street), 1st Floor., Kolkata-700 017  
 Phone : 033-2289-6039/4497, 40220300 (Extn. 321, 322) • 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"/> party rematerialised any party 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 Account 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			

	First / Sole Holder	Second Holder	Third Holder
Name			
Signature*			

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



## ACKNOWLEDGEMENT 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)**

For Fort Share Broking Pvt. Ltd.

- Submit a duly-filled RRF if the balances are to be rematerialized
- Submit a duly-filled Delivery Instruction Slip [DIS] (off market instruction slip) if the balances are to be transferred to another Account.

Seal & Signature