

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.

Marbel Arch, 236 B, A.J.C. Bose Road, 3rd Floor., Kolkata -700020
 Phone : 033-65030144 / 157 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 date of this application. The details of my/our account are given below :

										with you from the									
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 :																			
party rematerialised any party transferred										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)										Ear-marked					Pledged				
										<input type="checkbox"/> Pending for Dematerialisation <input type="checkbox"/> Pending for Rematerialisation <input type="checkbox"/>					<input type="checkbox"/> Frozen <input type="checkbox"/> Lock-in <input type="checkbox"/>				

	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

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