

ACCOUNT CLOSURE FORM



| | | | |
|--|--|-------------|--|
| Application Number | | Date | |
| <input type="checkbox"/> Shriram Insight Share Brokers Ltd (Trading Account) <input type="checkbox"/> Shriram Insight Share Brokers Ltd (Demat Account) <input type="checkbox"/> Shriram Insight Share Brokers Ltd (Commodities Account) | | | |

To be filled by the BO (in case of BO-initiated closure). Please fill all the details in BLOCK LETTERS in English

Dear Sir/Madam,

I/We the Sole Holder/Joint Holders/ Guardian (in case of Minor) 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 DETAILS

| | | | | | |
|---|--------------------------|----------------------|----------|---------------------|--|
| Trading Client Code | | DP ID | 12038400 | BO ID | |
| | First/Sole Holder | Second Holder | | Third Holder | |
| Name | | | | | |
| Address for correspondence recorded in the Demat Account | | | | | |
| | | | | | |
| City | | State | | PIN | |
| Email ID | | | | Phone Number | |

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 and Partly Transferred <input type="checkbox"/> Rematerialised <input type="checkbox"/> Transferred to Another Account (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"/> Pending for Rematerialisation <input type="checkbox"/> Pending for Dematerialisation | | | <input type="checkbox"/> Pledged <input type="checkbox"/> Frozen <input type="checkbox"/> Lock-in | |

Declaration: In case of account closure due to shifting of account, I/We declare and confirm that all the transactions in my/our account are true/authentic.

| | | |
|--|--|---|
| Name & Signature of First/Sole Holder (Mr./Ms.) | Name & Signature of Second Holder (Mr./Ms.) | Name & Signature of Third Holder (Mr./Ms.) |
| 1. | 2. | 3. |

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

FOR OFFICE USE – PLEASE TEAR HERE

ACKNOWLEDGEMENT

| | | | | | |
|--|--------------------------|----------------------|---------------------|---------------------------|--|
| We hereby acknowledge the receipt of your instruction for closing the following account subject to verification on | | | | | |
| DP ID | | Client ID | | Application Number | |
| | First/Sole Holder | Second Holder | Third Holder | | |
| Account Holder's Name | | | | | |
| Reason For Closure | | | | | |
| INSTRUCTIONS TO ACCOUNT HOLDER(S) Submit a duly-filled RRF if the balances are to be rematerialised. Submit a duly-filled Delivery Instruction Slip [DIS] (off-market instruction slip) if the balances are to be transferred to another account. This requirement is not applicable in the case of "shifting of account". | | | | | |
| | | | | Seal and Signature | |