

CDSL

**S.P.Jain Securities Pvt. Ltd.**14, Raja Bahadur Building, 3<sup>rd</sup> Floor, 14, Ambalal Doshi Marg, Fort, Mumbai – 400 023.Phone : 66 31 41 08 / 66 31 41 09 \* Fax : 269 61 05 \* E-mail : [spjainsec@yahoo.co.in](mailto:spjainsec@yahoo.co.in) website:www.spjainsec.com**Depository Participant of Central Depository Services (India) Ltd.**

Depository Participant ID – 12028500

SEBI REGN.No. IN-DP-CDSL-190-2002

CIN : U67120MH1999PTC119007

**Annexure10.1****Account Closure Form**

Application No.		Date												
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,

**S.P.Jain Securities Pvt Ltd****Raja Bahadur Building, 3<sup>rd</sup> Floor, 14, Ambalal Doshi Marg, Fort, Mumbai – 400 023.**

Dear Sir / Madam,

I / We the Sole Holder / Joint Holders / 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:

<b>Account Holder's Details</b>										<b>*** Trade Code ***</b>													
DP ID	1	2	0	2	8	5	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 and 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-in.					

**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.

	<b>First / Sole Holder</b>	<b>Second Holder</b>	<b>Third Holder</b>
Name			
Signature			

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

===== (Please Tear Hear) =====

**Acknowledgement Receipt****Application No.****Date :-**

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

DP ID										Client ID									
Name of the First / Sole Holder																			
Name of the Second Holder																			
Name of the Third Holder																			
Reason for Closure																			

**Depository Participant Seal and Signature****Instructions to Account Holder(s)**

Submit a dully-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. This requirement is not applicable in the case of **"SHIFTING OF ACCOUNT"**.