

**CDBL Account Closing Form**  
**Bye Law 7.7.1**  
Please fill in all the details in CAPITAL letters

Application No. Date 

D D M M Y Y Y Y

To  
 (Depository Participant Name)

DP ID

I/We, the Sole Holder / Joint Holders / Guardian (in case of minors) / Clearing Member request you to close my / our Depository Account with you. The details of my / our account are as indicated below:

**Account Holder's Details**Account ID 

Name of Account Holder

Name of Second Account Holder

Name of Third Account Holder

**Closure Details**

Reason for Closure of Account

**Details of Remaining Security Balances in the Account (if any)**Whether to be partly rematerialized and partly transferred: YES ☐ NO ☐To be rematerialized: YES ☐ NO ☐ To be Transferred to another Account: YES ☐ NO ☐Whether any of the following is Applicable (To be filled by DP): Ear-marked ☐ Pledged ☐ Frozen ☐

Name of Account Holder/s	Signature/s

Authorized Signature of Depository Participant

Seal of CDBL Participant