

Annexure 10.1**Account Closure Request Form**

Application No.		Date	D	D	M	M	Y	Y	Y	Y
Closure Initiated by	→ BO → DP → CDSL									

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

To,

PRRSAAR SAMPADA PVT.LTD.
17A/35,2ND FLOOR WEST PUNJABI
BAGH NEW DELHI-110026

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:

Account Holder's Details															
DP ID	1	2	0	9	1	7	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 :															
→ partly rematerialised and partly transferred. → Rematerialised															
→ Transferred to another account (Number given below) → 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 Dematerialisation <input type="checkbox"/> Pending for Rematerialisation <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 demat account are true/ authentic.

	First / Sole Holder	Second Holder	Third Holder
Name			

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

======(Please Tear Here)=====

Acknowledgement Receipt Application No.

Date :-

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

DP ID	1	2	0	9	1	7	0	0	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 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. This requirement is not applicable in the case of "**SHIFTING OF ACCOUNT**".