

Account Closure Request 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,
BONANZA PORTFOLIO LIMITED.
“Bonanza House” Plot No. M-2, Cama Industrial Estate, Walbhat Road,
Behind “The Hub” Goregaon (E), Mumbai – 400063.
Tel No. 022-30863700 / 67605500

Dear Sir / Madam,

I / We the Sole Holder / Joint Holders / Guardian (in case of Minor) / Clearing Member request you to close my / our demat / trading account with you from the date of this application. The details of my/our account are given below:

Account Holder's Details

Please fill all the details in BLOCK Letters in English. Please mark (✓) on the appropriate column.

Trading ID :																								
DP ID	1	2	0	3	3	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 account 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.

	First / Sole Holder	Second Holder	Third Holder
Name			
Signature			

TO WHOM SO EVER IT MAY CONCERN

This is to certify that we have no objection to close the aforesaid Account No. _____

He has settled all dues with us.

Head of Dept/Branch Manager

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

Acknowledgement Receipt

Application No. _____ Date: _____

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

DP ID:	1	2	0	3	3	5	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 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'