

# 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. 67605500/600, Fax No. 26865775.

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.

<b>Trading ID :</b>																				
DP ID												<b>Client ID</b>								
Name of the First / Sole Holder:																				
Name of the Second Holder:																				
Name of the Third Holder:																				
Address for Correspondence:																				
City:		State:										PIN:								

<b>Details of remaining security balances in the account (if any)</b>																					
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												<b>Client ID</b>									
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:												<b>Client ID:</b>								
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'