

### APPLICATION FOR CLOSING AN ACCOUNT ( For Beneficiary Account only)

To,

Date	D	D	M	M	Y	Y	Y	Y
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**BONANZA PORTFOLIO LTD.**

**“Bonanza House” Plot No. M-2,  
Cama Industrial Eastate,  
Walbhat Road, Goregaon (E),  
Mumbai – 400063  
Tel : 022-30863700/67505500**

DP ID :

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**TRADING CODE :**

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**1. I/We hereby request you to close my/our account with you as per following details:**

Name of the holder(s)	
Sole/ First Holder*	
Second Holder*	
Third Holder*	

2. Reason/s for Closure of depository Account\*: \_\_\_\_\_

3. **Client ID** (of account to be closed)\*

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4. Please tick the applicable option(s)

<input type="checkbox"/> <b>Option A</b> [There are no balances / holdings in this account ]									
<input type="checkbox"/> <b>Option B</b>  [Transfer the balances / holdings In this account as per details given]	<input type="checkbox"/> Transfer to my / our own account <i>(Provide target account details and enclose Client Master Report of Target Account)</i>		<b>Target Account Details</b>						
	<input type="checkbox"/> NSDL	DP ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							
	<input type="checkbox"/> Transfer to any other account <i>(Submit duly filled Delivery Instruction Slip signed by all holders)</i>	<input type="checkbox"/> CDSL	Client ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
<input type="checkbox"/> <b>Option C</b> [Rematerialise / Reconvert (Submit duly filled Remat / Reconversion Request Form-for mutual fund units)]									

**5. Signature(s)**

Sole / First Holder*	
Second Holder*	
Third Holder*	

## Acknowledgement

We hereby acknowledge the receipt of your request for closing the following Account subject to verification:

DP ID										Client ID									
Name of Sole / First Holder																			
Name of Second Holder																			
Name of Third Holder																			
Signature of the Authorised Signatory															Seal/ Stamp of Participant				
Date																			