

Agroy Finance & Investment Ltd.
 B-7, 1st Floor Lajpat Nagar -2nd New Delhi-110 024,
 Phone-46007600, Fax-46007611, Email ID- costomercare@gmail.com

DP ID-60700

Account Closure Form

Application No.		Date												
Closure Initiated by	<input type="checkbox"/> BO	<input type="checkbox"/> DP	<input type="checkbox"/> CDSL											

(To be filled by the BO. Please fill all the details in **Block Letters** in English)

To,
Depository Participant Name
Address

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												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 a/c 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:

I/We hereby declare that all the transactions in the account are authentic.

	First / Sole Holder	Second Holder	Third Holder
Name			
Signature			

*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 the receipt of the your instruction for Closing the following Account subject to verification: -

DP ID		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)

- o Submit a dully-filled up RRF if the balances are to be rematerialized.
- o Submit a duly filled up transfer form (off market instruction slip) if the balances are to be transferred to another A/c.

(Faint background form with fields for account details, instructions, and signature area)

(Faint text at the bottom of the page, likely a declaration or disclaimer)