

JHP SECURITIES PVT.LTD.

201, Dev Neo Vikram, Sahakar Nagar C.H.S., New Link Road, Above Audi Car Showroom, Andheri (W) Mumbai - 400 053
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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 be filled by the BO. (In case of BO- initiated closure). Please fill all the details in Block Letters in English)

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: 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 *	(x)		

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

Depository Participant Seal and Signature