

ANNEXURE Q

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

SODHANI SECURITIES LTD. [DP ID : IN300732]

304, Samarpan , New Link Road, Chakala, Andheri-East, Mumbai- 400099

Date : _____

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

Client Id:	
Sole/ First Holder's Name	
Second Holder's Name	
Third Holder's Name	

2. Reason/s for Closure of depository account: _____

3. Please tick the applicable option(s)

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

4. Signature(s)

Sole / First Holder	
Second Holder	
Third Holder	

Documents Enclosed			
<i>Client Master Report</i>	<i>Yes/No</i>	<i>Remat Request Form #</i>	
<i>DIS/IDT No</i>		<i>Reconversion Req Form (for MF Units)</i>	

FOR OFFICE USE ONLY:

Received on date :	Instruction ID:
SI Change Date:	Account Closure Date:
Entered by (Maker):	Verified by (Checker) :

Acknowledgement

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

DP ID										Client ID									
Signature of the Authorised Signatory																		Seal/ Stamp of Participant	
Date																			