

ACCOUNT CLOSURE FORM



Application Number		Date	
<input type="checkbox"/> Shriram Insight Share Brokers Ltd (Trading Account) <input type="checkbox"/> Shriram Insight Share Brokers Ltd (Demat Account) <input type="checkbox"/> Insight Commodities and Futures Pvt Ltd (Commodities Account)			

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) 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 DETAILS

Trading Client Code		DP ID	12038400	BO ID	
	First/Sole Holder	Second Holder		Third Holder	
Name					
Address for correspondence recorded in the Demat Account					
City		State		PIN	
Email ID			Phone Number		

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 (account number given below) <input type="checkbox"/> Not Applicable		
DP ID		Client ID	
Balance present in account for: (To be filled by DP, if applicable)	<input type="checkbox"/> Ear-marked <input type="checkbox"/> Pending for Rematerialisation <input type="checkbox"/> Pending for Dematerialisation		<input type="checkbox"/> Pledged <input type="checkbox"/> Frozen <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 account are true/authentic.

Name & Signature of First/Sole Holder (Mr./Ms.)	Name & Signature of Second Holder (Mr./Ms.)	Name & Signature of Third Holder (Mr./Ms.)
1.	2.	3.

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

FOR OFFICE USE – PLEASE TEAR HERE

ACKNOWLEDGEMENT

We hereby acknowledge the receipt of your instruction for closing the following account subject to verification on					
DP ID		Client ID		Application Number	
	First/Sole Holder	Second Holder		Third Holder	
Account Holder's Name					
Reason For Closure					
INSTRUCTIONS TO ACCOUNT HOLDER(S) Submit a duly-filled RRF if the balances are to be rematerialised. Submit a duly-filled Delivery Instruction Slip [DIS] (off-market instruction slip) if the balances are to be transferred to another account. This requirement is not applicable in the case of "shifting of account".				Seal and Signature	