

**Account Closure Request Form**

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

(To be filled by the BO (in case of BO-initiated closure). Please fill all the details in **Block Letters** in English)

To,

**Shah Investor's Home Limited**  
SIHL HOUSE,  
Opp. Ambawadi Jain Temple,  
Nr, Nehrunagar Cross Road,  
Ahmedabad-380 015

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:

<b>Account Holder's Details</b>														
<b>DP ID</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>9</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>Client ID</b>					
Name of the First / Sole Holder														
Name of the Second Holder														
Name of the Third Holder														
Address for Correspondence														
City					State			PIN						
<b>Details of remaining security balances in the account (if any)</b>														
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							
<b>DP ID</b>									<b>Client ID</b>					
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 *			

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

======(Please Tear Hear)=====

**Acknowledgement Receipt**

Application No.

Date :-

We hereby acknowledge the receipt of the your instruction for Closing the following Account subject to verification: -

<b>DP ID</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>9</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>Client ID</b>					
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)**

- Submit a duly-filled RRF if the balances are to be rematerialized.
- 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**".