Account Closure Request Form

Application No.				Date				
Closure Initiated by	θВО	θDP	θ CDSL					

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

Progressive Share Brokers Private Limited 122-124, Laxmi Plaza, Laxmi Indusrial Estate, New Link Road, Andheri (w), Mumbai 400 053. Tel 40777500

Dear Sir / Madam,

account with yo																you	to c	ose i	my / oı	
Account Holde	er's Def	tails																		
DP ID	1	2	0	3	3	9	0	0		Client	: ID	0	0			Т				
Name of the F	irst / Sc	le Ho	lder					•						•				•	•	
Name of the S	Second H	Holde	r																	
Name of the T	hird Ho	lder																		
Address for Co	orrespor	ndenc	е																	
O''.								1.0		1				DTAL						
City								Si	tate					PIN						
Details of rem	aining	Secu	rity ł	alan	res i	in th	e acc	Oun	t (if a	nv)										
Reasons for C				aiai	CCS		C acc	.ou	((y /										
Balance remai				(if a	nv) t	o be	:													
θ partly remat							-			θΕ	Remat	erialis	sed							
θ Transferred							n held	nw)			lot an									
DP ID	to diloti	T de	T	T	I	1		T	Cli	ent ID	tot up	piicai								
Balance present in a/c for							θ Ear – marked								Α	Pled	ned			
(To be filled by DP, if applicable)						θ Pending for Demateria						terial	3							
(10 be illed b	, 5. ,	арріі	cubic			θ Pending for Remat										Lock-				
D	FCI AR	ΔΤΤΩ	N· Tr	cae	e of	Acco	unt (losi	ıre dı	ie to Sł	ITETT	NG C	F AC	COIII	NT.					
I/We o	leclare a	and co	onfirm	that	all th	e tra	nsact	ions	in mv	our den	nat ac	count	are t	rue/ a	authe	-ntic				
2,			<u> </u>		<u> </u>				,,	<u> </u>		000		<u>u u, u</u>		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>				
First / Sole Holde					der	er Second Holder							Third Holder							
Name																				
Signature																				
*If DP or CDSL	initiates	acco	unt cl	osure	, Sig	natur	e(s)	of ac	count	holder(s	s) not	requi	red.							
========	====	===:	====	===	===	===	=(Ple	ease '	Tear H	lear)==	===:	====	===		===	===	===	===	:===	
										nt Rece										
Application No	0.										-			Dat	e :-					
We hereby ackr	nowledg	e the	recei	ot of	your	instru	uction	for	Closin	g the fol	lowin	g Acc	ount	subje	ct to	verif	icatio	n: -		
DP ID									(lient ID										
Name of the Fir	st / Sole	e Hold	der																	
Name of the Se	cond Ho	older																		
Name of the Th	ird Hold	ler																		
Reason for Clos	ure																			

Depository Participant Seal and Signature

Instructions to Account Holder(s)

- Submit a dully-filled up RRF if the balances are to be rematerialized.
- Submit a duly filled up transfer form (off market instruction slip) if the balances are to be transferred to another A/c.This requirement is not applicable in case of **"SHIFTING OF ACCOUNT"**