



ACCOUNT CLOSURE REQUEST FORM

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

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

To,
FAIRWEALTH SECURITIES LTD.
651-652 UDYOG VIHAR, PHASE V,
GURGOAN HARYANA – 122001
PH. 0124 – 3024400 FAX 0124 – 3009233

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	1	2	0	4	9	1	0	0	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	<input type="checkbox"/> Partly rematerialized and partly transferred. <input type="checkbox"/> Rematerialized. # <input type="checkbox"/> Transferred to another account (Number given below) <input type="checkbox"/> Not applicable.												
Incase of account closure - Balance remaining in the account to be (If any)	DP ID												
	Client ID												
Balance present in a/c for (To be filled by DP, if applicable)	<input type="checkbox"/> Pending for Dematerialisation <input type="checkbox"/> Frozen <input type="checkbox"/> Ear - marked <input type="checkbox"/> Lock-in <input type="checkbox"/> Pending for Rematerialisation <input type="checkbox"/> Pledged												

DECLARATION : In case of Account closure due to SHIFTING OF ACCOUNT :

I/We declare and confirm that all the transaction 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 Here) =====
Acknowledgement Receipt

Application No. _____ **Date :-** _____
 We hereby acknowledge the receipt of the your instruction for Closing the following Account subject to verification: -

DP ID										CLIENT ID						
Name of the First / Sole Holder																
Name of the Second Holder																
Name of the Third Holder																
Reason for Closure																

Instructions to Account Holder(s)

- Submit a duly-filled RRF if the balances are to be rematerialized.
- Submit a duly-filled transfer form (off market instruction slip) if the balances are to be transferred to another A/c.

(Depository Participant Seal and Signature)