

ACCOUNT CLOSURE REQUEST FORM

To,
 RR Equity Brokers Private Limited
 412-422, Indraprakash Building,
 21, Barakhamba Road, New Delhi 110001
 CIN: U67120HR2004PTC042634

Application No. _____

Date: ____/____/____

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 (Please tick appropriate option):

(To be filled by the BO [in case of BO-initiated closure]. Please fill all the details in BLOCK LETTERS in English)

Closure Initiated by: BO/CLIENT DP CDSL NSDL (if request submitted by client mandatorily tick "BO/Client")

CLOSURE TO BE EFFECTED IN	<input type="checkbox"/> Equity & Commodity Trading A/c <input type="checkbox"/> Demat A/c <i>(If TRADING and DP both accounts to be closed tick both option)</i>					
Note: Both trading account will be deactivated once request received for trading closure submit separate request for multiple demat accounts						
Trading Code	Name as per Trading					
DP ID: (tick appropriate option)		<input type="checkbox"/> 12042300				
Client ID / BO ID: (of account to be closed)						
Name of First / Sole Holder						
Name of Second Holder						
Name of Third Holder						
Address for Correspondence						
	City	State PIN				
Reason for Closing the Account (tick appropriate option)	<input type="checkbox"/> Stopped dealing in Equities/Commodity <input type="checkbox"/> Dissatisfied with services <input type="checkbox"/> Transferred from city <input type="checkbox"/> If any other reason please specify --					
Balance remaining in the BO account (if any) to be :	<input type="checkbox"/> Partly rematerialised and partly transferred. <input type="checkbox"/> Rematerialised <input type="checkbox"/> Not applicable/No Holding & Balance <input type="checkbox"/> Transferred to my/our own account <input type="checkbox"/> Transferred to any other account <i>(Provide target account details and enclosed CML) (Submit duly filled Delivery Instruction Slip signed by all holders)</i>					
Target Account Details:	<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL DP ID : Client / BO ID :					
Balance present in a/c for (To be filled by DP, if applicable):	<input type="checkbox"/> Pending for Dematerialisation <input type="checkbox"/> Pending for Rematerialisation <input type="checkbox"/> Ear - marked <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 demat account are true / authentic.						
I/We request you to make full and final settlement of my account and credit the securities due to me/us, if any, to my/our above mentioned demat A/c. The client master report of the aforesaid demat account is enclosed. Further I/We am/are also demat account holder (Client/BO Id _____), I/We hereby authorize you to adjust any debit balance in the said account with any credit balance in my trading account (strike off, if not applicable) Further I/We undertake to settle my/our obligations, if any, towards you.						
	Sole/First Holder	Second Holder Third Holder				
Holder Name						
Holder Signature*						
* If DP or CDSL/NSDL initiates account closure, Signature(s) of account holder(s) not required.						
Following pre-check to be done before sending the requests for Closure of [Trading and DP account (CDSL/NSDL)] to enable us to process the requests expeditiously and to avoid possible rejections.						
Ledger Balance in your account (should have Nil/ Credit balance); It should not have Debit Balance.	Signatures of all the holders should match with DP records.	No stock of yours is held in our Pool/Collateral account.(if yes transfer to DP A/C)				
For Ops Helpdesk Use (Trading Closure)	Status	Ledger Balance	Hold/Collateral Stock	Signature	Maker	Checker
For DP Use (DP Closure)	Scrutiny by		Data entered by		Verified by	

===== (Please Tear Here) =====
Acknowledgement Receipt

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

Application No. :										Date:									
DP ID										Client ID									
<i>Name of First / Sole Holder</i>										<i>Name of Second Holder</i>					<i>Name of Third Holder</i>				
Instructions to Account Holder(s)																			
<ul style="list-style-type: none"> • 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". 																			