

**ANNEXURE Q**  
**APPLICATION FOR CLOSING AN ACCOUNT**  
**(For Beneficiary Account Only)**

Date	D	D	/	M	M	/	Y	Y	Y	Y
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To,  
**Anand Rathi Share & Stock Brokers Ltd**  
 Regd. Office: Express Zone, A Wing, 10th Floor, Western Express Highway,  
 Goregaon (E), Mumbai - 400063, Maharashtra.  
 CIN - L67120MH1991PLC064106

DP ID :	I	N	3	0	1	8	0	3
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1. I / We hereby request you to close my/our account with you as per following details:

Name(s) of the Holder(s)	
First	
Second	
Third	

2. Reason/s for Closure of depository account:

1. _____
2. _____

3. Client ID (of account to be closed):

Client ID									
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4. Please tick the applicable option(s):

<input type="checkbox"/> Option A [There are no balances / holdings in this account]																	
<input type="checkbox"/> Option B [ Transfer the Balances / holdings in the Account as per details given]	<input type="checkbox"/> Transfer to my/our own account (Provide target account details and enclose Client Master Report of Target Account	<input type="checkbox"/> NSDL															
	<input type="checkbox"/> Transfer to any other account (Submit duly filled Delivery Instrucion Slip signed by all holders)	<input type="checkbox"/> CDSL															
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DP ID																	
Client ID																	
<input type="checkbox"/> Option C [Rematerialize/Reconvert (Submit duly filled Remat/Reconversion Request Form-for Mutual Fund Units)]																	

5. Signature(s)

	Sole/Primary Holder	Second Holder	Third Holder
Signature*			
Name			

=====✂=====

**Acknowledgement**

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

DP ID								Client ID					
Name(s) of the Holder(s)							Signature of the Authorised Signatory with Official Stamp						
First							Signature of the Authorised Signatory	Seal / Stamp of the Participant					
Second													
Third									Date				