



Bharat Bhushan Equity Traders Limited

Depository Participant NSDL DP ID- IN301209

503, Rohit House, 3, Tolstoy Marg, New Delhi-110 001

Tel. : 49800907, 41505504, Fax : 49800933

ANNEXURE Q

Application for Closure of a Depository Account (For Beneficiary Account only)

Date : _____

I/ We hereby request you to close my / our account with you as per following details :

Client ID (of account to be closed)

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Please tick the application option (s)

<input type="checkbox"/> Option A (There are no balances / holdings in this account)											
<input type="checkbox"/> Option B (Transfer the balance / holdings in this account as per details given)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> <td style="padding: 2px;">Transfer to my / our own account <i>(Provide target account details and enclose Client Master Report of Target Account)</i></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 2px;">Transfer to any other account <i>(Submit duly filled Delivery Instruction Slip signed by all holders)</i></td> </tr> </table>	<input type="checkbox"/>	Transfer to my / our own account <i>(Provide target account details and enclose Client Master Report of Target Account)</i>	<input type="checkbox"/>	Transfer to any other account <i>(Submit duly filled Delivery Instruction Slip signed by all holders)</i>						
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<input type="checkbox"/>	Transfer to any other account <i>(Submit duly filled Delivery Instruction Slip signed by all holders)</i>										
Target Account Details											
<input type="checkbox"/> NSDL	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40px;">DP ID</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>	DP ID									
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Client ID											

Option C (Rematerialise / Reconvert (Submit duly filled Remat / Reconversion Request Form-for mutual fund units)

Reason/s for Closure of depository account :

	Name of the holders	Signature of the holders
First/Sole Holder		
Second Holder		
Third Holder		

Instruction :

1. Please fill-in relevant portions.
2. Please strike off as N.A., Whatever is not applicable.
3. Please surrender all unutilized instruction slips along with this Closure Request.
4. Account will be closed, subject to NO HOLDINGS and SIGNATURE VERIFICATION as on records.
5. In case of joint holders, all holders must Sign.

Acknowledgment

We hereby acknowledge the receipt of your request for closing the following Account subject to verification :																	
DP ID <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">I</td><td style="width: 20px; text-align: center;">N</td><td style="width: 20px; text-align: center;">3</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">1</td><td style="width: 20px; text-align: center;">2</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">9</td></tr></table>	I	N	3	0	1	2	0	9	Client ID <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td></tr></table>								
I	N	3	0	1	2	0	9										
Name of Sole / First Holder																	
Name of Second Holder																	
Name of Third Holder																	
Signature of the Authorised Signatory																	
Date	Seal / Stamp of Participant																