

BHARAT BHUSHAN EQUITY TRADERS LTD.

503, ROHIT HOUSE, 3, TOLSTOY MARG, NEW DELHI-110 001
 TEL.: 011-49800907, 41505504 • FAX : 49800933

DP ID - IN 301209



ANNEXURE Q

Application for Closure of a Depository / Trading 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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Trading A/c to be closed

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Please tick anyone of the following 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)	<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>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="10" style="text-align: center;">Target Account Details</th> </tr> <tr> <td style="width: 10%;"><input type="checkbox"/> NSDL</td> <td style="width: 10%;">DP ID</td> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> <tr> <td><input type="checkbox"/> CDSL</td> <td>Client ID</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	Target Account Details										<input type="checkbox"/> NSDL	DP ID									<input type="checkbox"/> CDSL	Client ID								
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<input type="checkbox"/> Option C (Rematerialise / Reconvert (Submit duly filled Remat / Reconversion Request Form - for mutual funds units)																																

Reason/s for Closure of depository account :

Name	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	I N 3 0 1 2 0 9	Client ID <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Trading ID <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																				
Name of Sole / First Holder																						
Name of Second Holder																						
Name of Third Holder																						
Signature of the Authorised Signatory																						
Date	Seal / Stamp of Participant																					