## **Account Closure Form**

Application No.				Date					
Closure Initiated by	θ BO	θ DP	θCDS	_					

(To be filled by the BO. (In case of BO-initiated closure). Please fill all the details in **Block Letters** in English)

## To,

## **Prabhat Financial Services Ltd.** 205, Navjeevan Complex, 29, Station Road, Jaipur-302006

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 Hold	er's	Det	tails										
DP ID	1	2	0	3	1	4	0	0	Client ID				
Name of the F	irst	/ So	le H	olde	r								
Name of the Second Holder													
Name of the Third Holder													
Address for Co	spon	den	ce										
City								Sta	te	PIN			

Details of remaining security balances in the account (if any)																
Reasons for Closing the Account							Death of first holder.									
Balance remaining in the account (if any) to be :																
$\theta$ partly rematerialised and partly transferred. $\theta$ Rematerialised																
θ Transferred to another account (Number g						ive	n below)	θ Not applicable								
DP ID							Client ID									
Balance present in a/c for $\theta$ Ear - marked $\theta$ Pledged																
(To be filled by DP, if applicable)							$\theta$ Pending for Dematerialisation $\theta$ Frozen									
θ Pending for Rematerialisation θ 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.

	First / Sole Holder	Second Holder	Third Holder
Name			
Signature			

\*If DP or CDSL initiates account closure, Signature(s) of account holder(s) not required.

For Prabhat Financial Services Ltd.