

## Account Closure Form

|                      |   |      |  |  |  |  |  |  |  |  |
|----------------------|---|------|--|--|--|--|--|--|--|--|
| Application No.      |   | Date |  |  |  |  |  |  |  |  |
| Closure Initiated by | <input type="checkbox"/> BO <input type="checkbox"/> DP <input type="checkbox"/> CDSL |      |  |  |  |  |  |  |  |  |

(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.**  
**213, 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 Holder's Details        |   |   |   |   |   |   |   |   |           |  |       |  |  |  |     |  |  |  |  |  |
|---------------------------------|---|---|---|---|---|---|---|---|-----------|--|-------|--|--|--|-----|--|--|--|--|--|
| DP ID                           | 1 | 2 | 0 | 3 | 1 | 4 | 0 | 0 | Client ID |  |       |  |  |  |     |  |  |  |  |  |
| Name of the First / Sole Holder |   |   |   |   |   |   |   |   |           |  |       |  |  |  |     |  |  |  |  |  |
| Name of the Second Holder       |   |   |   |   |   |   |   |   |           |  |       |  |  |  |     |  |  |  |  |  |
| Name of the Third Holder        |   |   |   |   |   |   |   |   |           |  |       |  |  |  |     |  |  |  |  |  |
| Address for Correspondence      |   |   |   |   |   |   |   |   |           |  |       |  |  |  |     |  |  |  |  |  |
|                                 |   |   |   |   |   |   |   |   |           |  |       |  |  |  |     |  |  |  |  |  |
|                                 |   |   |   |   |   |   |   |   |           |  |       |  |  |  |     |  |  |  |  |  |
|                                 |   |   |   |   |   |   |   |   |           |  |       |  |  |  |     |  |  |  |  |  |
| City                            |   |   |   |   |   |   |   |   |           |  | State |  |  |  | PIN |  |  |  |  |  |

| Details of remaining security balances in the account (if any)               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------------------------------|--|--|--|--|--|
| Reasons for Closing the Account  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |
| Balance remaining in the account (if any) to be :                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |
| <input type="checkbox"/> partly rematerialised and partly transferred.       |  |  |  |  |  |  |  |  |  |  | <input type="checkbox"/> Rematerialised                |  |  |  |  |                                  |  |  |  |  |  |
| <input type="checkbox"/> Transferred to another account (Number given below) |  |  |  |  |  |  |  |  |  |  | <input type="checkbox"/> Not applicable                |  |  |  |  |                                  |  |  |  |  |  |
| DP ID  |  |  |  |  |  |  |  |  |  |  | Client ID  |  |  |  |  |                                  |  |  |  |  |  |
| Balance present in a/c for<br>(To be filled by DP, if applicable)            |  |  |  |  |  |  |  |  |  |  | <input type="checkbox"/> Ear - marked                  |  |  |  |  | <input type="checkbox"/> Pledged |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  | <input type="checkbox"/> Pending for Dematerialisation |  |  |  |  | <input type="checkbox"/> Frozen  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  | <input type="checkbox"/> Pending for Rematerialisation |  |  |  |  | <input type="checkbox"/> Lock-in |  |  |  |  |  |

|  |
|--|
| <b>DECLARATION: In case of Account Closure due to SHIFTING OF ACCOUNT:</b>                     |
| 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.**

**(Authorized Signatory)**