



BP EQUITIES PVT. LTD.

24/26, Cama Building, 1st Floor, Dalal Street Fort, Mumbai - 400 001.
Tel : 22651109, 22700601, 22700603 Fax : 022-22651109



Account Closure Request Form

Application No.		Date					2	0	1	
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,
Dear Sir / Madam,

I/We the sole Holder/Joint Holders/Guardian (In case of Minor) /Clearing Member request you to close my /our ☐Trading and ☒ Demat 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	2	8	7	0	0	Client ID								Trading a/c no.:								
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"/> Cheque <input type="checkbox"/> NEFT <input type="checkbox"/> RTGS															
<input type="checkbox"/> Partly rematerialized and partly transferred.										<input type="checkbox"/> Rematerialized															
<input type="checkbox"/> Transferred to another account (Number given below)										<input type="checkbox"/> Not applicable															
DP ID									Client ID																
Balance present in account for (To be filled by DP, if applicable)										<input type="checkbox"/> Ear - marked								<input type="checkbox"/> Pledged							
										<input type="checkbox"/> Pending for Dematerialization								<input type="checkbox"/> Frozen.							
										<input type="checkbox"/> Pending for Rematerialisation								<input type="checkbox"/> 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 Trading & 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.

Depository Participant Seal and Signature

----- (Please Tear Hear) -----

For Office use:

A/c Department Date:	Compliance Department Date:	KYC Department Date:
Name of Officer:	Name of Officer:	Name of Officer:
Signature:	Signature:	Signature:
Amt due Rs.	Amt due Rs.	Amt due Rs.

----- (Please Tear Hear) -----

Acknowledgement Receipt

Application No.		Date					2	0		
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We hereby acknowledge the receipt of the your instruction for Closing the following Account subject to verification:-

DP ID	1	2	0	2	8	7	0	0	Client ID								Trading a/c no.:
Name of the First / Sole Holder																	
Name of the Second Holder																	
Name of the Third Holder																	
Reason for Closure																	

- Instructions to Account Holder(s)
- Submit a duly-filled RRF if the balances are to be rematerialized.
 - Submit a duly-filled Delivery Instruction Slip [DIS] (off market instruction slip) if the balances are to be transferred to another Account.

Depository Participant Seal and Signature