

ANNEXURE Q

APPLICATION FOR CLOSING AN ACCOUNT	Branch	n Cod	е	0	0				
(For NSDL Beneficiary Account only)									
	Date	D	D	Μ	Μ	Y	Y	Y	Y
us, Kanjurmarg (E), Mumbai 400042. 0476 / IN300601 / IN301436.									

To, **HDFC Bank Limited**

Depository Services, Lodha-I Think Techno Campus, Kanjurmarg (E), Mumbai 400 DP ID: IN300126 / IN301151 / IN301549 / IN300476 / IN300601 / IN301436.

	Instructions to the	Appl	icant
1.	Closure request needs to be signed by ALL the account holders. POA holder	6.	ln ca
	(if any) cannot sign the closure request.		a A

- 2. Corrections (if any) have to be authenticated by ALL the holders. Please strike-off as "NA" for details which are not applicable.
- 3. Closure request would be rejected in case of any outstanding charges.
- 4. In case Trading a/c linked to this Demat account, please submit delinking or trading account closure request separately.
- 5. Certified True Copy of Board resolution required in case of 'Corporate account' closure.

In case of transfer cum closure please ensure the following:

- a. At least one of the account holder visits the branch
- b. He/she carries a valid original identity proof for verification
- c. Additionally, for obtaining waiver of charges please note:
 - i. The target account should be in same combination of names and of same type/sub type as source account
 - ii. Submit Client Master List (in crystal format) duly stamped and signed by an official of target DP

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

Name of the holder(s)												
Sole/ First Holder													
Second Holder													
Third Holder													
2. Reason/s for Clo	osure of depository account:									_			
3. Client ID (of acco	ount to be closed)									7			
DP ID (of the acco	unt to be closed)	I	N										
Contact Numb	er (Mandatory)												
	applicable option(s)												
Option A [There are	no balances / holdings in this account]											
Option B	Transfer to my / our own account Provide target account details and enc. Client Master Report of Target Acco	lose			Tar	get Accou	ınt Detai	s					
	duly stamped and signed). Transfer to any other account (Submit duly filled Delivery Instruction Slip signed by all holders).	NSDL Client ID CDSL Client ID											
	ialise / Reconvert (Submit duly filled R	Remat / R	Peconversic	on Requ	est Form-f	or mutual	fund unit.	s)]					
I / We confirm to h	nave surrendered all unutilized deliv	very inst	ruction s	lips									
I / We confirm to h	nave exhausted all delivery instructi	on slips	/ misplac	ed / no	ot traceab	le							
5. Signature(s)													
Sole / First Holder							For B	For Bank use only:					
Second Holder							Sign. recor	Of all hol ds	lders are	verified	d with	Demat	
Third Holder							Bank	Bank Officer Sign & Employee Code					

Signature of one of the account holders in the presence of Bank Staff

Date

Name of the account holder	Signature of account holder	Signature of bank official Name, Emp Code & Stamp

Acknowledgement																		
We hereby acknowledge the receipt of the your request for closing the following Account subject to verification:																		
DP ID	Ι	Ν	1							Client ID								
						<u> </u>	1							<u> </u>				
Name of Sole / First Hold	er																	
Name of Second Holder																		
Name of Third Holder																		
Signature of the Authorised Signatory											Seal/	Stam	p of P	Partic	ipan	ıt		

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