VRAMATH FINANCIAL SERVICES PVT. LTD.
DP SEBI REG NO.: IN-DP-CDSL-383-2018
5K, Fifth Floor, B-Block, "Gowri Chitra Gardens", No.88/4,
Arcot Road, Vadapalani, Chennai - 600 026.
Phone : 044 - 4201 3026
E-mail : dp@vramath.com Web : www.vramath.com

Account Closure Request Form

Application No.		Date	
Closure Initiated by	❑ BO ❑ DP ❑ CDSL		

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

To,
VRAMATH FINANCIAL SERVICES PRIVATE LIMITED
No.88/4, Arcot Road,
Vadapalani, Chennai – 600 026.

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	7	8	0	0	0	Client ID	0	0						
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 :																	
❑ partly rematerialised and partly transferred.									❑ Rematerialised								
❑ Transferred to another account (Number given below)									❑ Not applicable								
DP ID									Client ID								
Balance present in account for (To be filled by DP, if applicable)	❑ Ear - marked ❑ Pending for Dematerialisation ❑ Pending for Rematerialisation								❑ Pledged ❑ Frozen ❑ 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.

==========(Please Tear Hear)==========

Acknowledgement Receipt

Application No:- **Date :-**

We hereby acknowledge the receipt of the your instruction for Closing the following Account subject to verification: -

DP ID										Client ID								
Name of the First / Sole Holder																	
Name of the Second Holder																	
Name of the Third Holder																	
Reason for Closure																	

Depository Participant Seal and Signature

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. This requirement is not applicable in the case of "**SHIFTING OF ACCOUNT**".