

APPLICATION FOR ACCOUNT CLOSURE

1st Floor Merchant Chamber, Opp. Patkar Hall, 41, New Marine Lines, Mumbai - 400 020. Tel.: 022-4300 8800 Fax: 022-4300 8899 Web: www.ssjfinance.com

CDSL DP ID: 34100																					
Application No										Date	е	D	D	M	M	Υ	/	Υ	Y	,	Υ
Closure Initiated by	□ВО		P	CDS	SL	Sto	ock Br	oker		1									-	-	\exists
To be filled by BO/Client, Plea To, SSJ Finance & Securitien Dear Sir/Madam,	es Pvt. Ltd.						(0)			,				, –	_						
/We the sole Holder/Joii vith you from the date o Account Holder 's Detai	f this appl										ou to	o close	e my	/our ∟	Trad	ling	and		Dema	at ac	coui
DP ID		1 2	2 0	3 4	1 1	0	0	Client ID						т	radir	ng a	/c nc).:			
Name of the First/Sole	Holder																				
Name of the Second H	Holder																				
Name of the Third Hol	der																				
Address for correspon	dence																				
City				s	tate					Country				PII	V						\dashv
Details of remaining sec	urity balaı	nces ir	the a	ccoun	ıt (if a	ny):			!												
Reasons for closing the	e Account	t :																			
Balance remaining in the	ne Tradino	g acco	unt (if a	any) t	hroug	gh : [Che	que [NEF	т	RTG	SS									
Balance remaining in the	ne accour	nt (if ar	ny)to be	e :																	
☐ Partly rematerialized	d and part	lly tran	sferrec	d					Rem	aterializ	ed										
☐ Transferred to another account (Number given below)					☐ Not Applicable																
DP ID							Client														
Balance present in account for (To be filled by DP, If applicable)					☐ Ear-marked							☐ Pledged									
					☐ Pending for Dematerialization							☐ Frozen									
								□Pe	nding	for Rem	ater	ialisat	ion		.ock-l	ln					
Declaration: In case of /We declare and confirn										nt are tru	ue /a	authen	itic.								
First/Sole Holder						Second Holder							Third Holder								
Name																					
Signature*																					
if Stock Broker / DP or CDSL	initiates acco	ount clo	sure ,Sig	nature	(s) of a	account	holder((s) not requi	red.												
					4	ACKNO	wiedg	gement R	<u>eceip</u>	<u>L</u>											
Application No.	4-6	A	f	41 - 7	-11- *	A	4		4:			Dat	:e:					_			
Ve hereby acknowledge receip	ot of your ins	truction 2		g the f		Ī	_	-	cation.				1		rodi-		10 00				\neg
Name of the First/Sole	Holdor	4	2 0	J 2	1 1	0	0 0	Client ID							radir	ıy a/	TO TIC	<i>.</i>			\dashv
Name of the Second H																					\dashv
Name of the Third Hold																					-
	161																				_
Reason for Closure																					

Seal and Signature

Instruction to Account Holder(s)

• Submit a duly –filled RRF id 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"