

**MAVERICK SHARE BROKERS PVT LIMITED (DP ID-36600)**

CIN: U67120RJ2000PLC016606

Reg. Off.: 211, Laxmi Complex, M. I. Road, Jaipur (Raj.) – 302001

Work Off.: 313, Laxmi Complex, M. I. Road, Jaipur(Raj.) – 302001

Tel.: 0141 4919116 Email: dp@maverickgroup.in

Website: www.maverickgroup.in



Application No.:	Date:
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**ACCOUNT CLOSURE REQUEST FORM**

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

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	6	6	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)							<input type="checkbox"/> Ear - marked <input type="checkbox"/> Pending for Dematerialisation <input type="checkbox"/> Pending for Rematerialisation							<input type="checkbox"/> Pledged <input type="checkbox"/> Frozen <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 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.

**Acknowledgment Receipt**

Application No.

Date.....

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

DP ID	1	2	0	3	6	6	0	0	CLIENT ID	0	0						
Name of the Sole / First Holder																	
Name of Second joint Holder																	
Name of Third joint Holder																	
Modification requested for: [Specify reason]																	

**Instructions to Account Holder(s)**

- o Submit a duly-filled RRF if the balances are to be rematerialized.
- o 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".
- o Kindly clear the dues if any.

For ~~Maverick Share Brokers Limited~~

Authorised Signatory