

Account Closure Request Form

Application No.		Date	D	D	M	M	Y	Y	Y	Y	
Closure Initiated by	<input type="checkbox"/> BO <input type="checkbox"/> DP <input type="checkbox"/> CDSL	Trading Code									

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

To,

Libord Brokerage Private Limited

524 , B Wing , Chintamani Plaza , Near WEH Metro Station ,

Andheri Kurla Road , Andheri (East) , Mumbai - 400 099

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	8	6	2	0	0	Client ID										
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"/> partly rematerialised and partly transferred. <input type="checkbox"/> Rematerialised																			
<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 rematerialisation <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 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.

Application No.	Acknowledgement Receipt	Date:-																	
We hereby acknowledge the receipt of your instruction for Closing the following Account subject to verification: -																			
DP ID	1	2	0	8	6	2	0	0	Client ID										
Name of the First/ Sole Holder																			
Name of the Second Holder																			
Name of the Third Holder																			
Reason for Closure																			

For Libord Brokerage Private Limited

Authorised Signatory

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".