

Account Closure Form



Sunflower Broking Pvt. Ltd.

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SEBI Reg. No. : BSE (CASH) INB 011358638 CLG No. 3288
NSE (CASH) INB 231358632,
NSE (F&O) INF 231358632(CDX) INE 231358632.
TM ID No. : 13586, CM ID NO. M51716

Application No.		Date							
Closure Initiated by	<input type="checkbox"/> BO <input type="checkbox"/> DP <input type="checkbox"/> CDSL								

(To be filled by the BO. 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	6	4	6	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 a/c for (To be filled by DP, if applicable)		<input type="checkbox"/> Ear - marked				<input type="checkbox"/> Pledged				<input type="checkbox"/> Pending for Dematerialisation				<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.
=====-(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	1	2	0	6	4	6	0	0	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 dully-filled up RRF if the balances are to be rematerialized.
- Submit a duly filled up transfer form (off market instruction slip) if the balances are to be transferred to another A/c.