

FORM 34
APPLICATION FOR CLOSING AN ACCOUNT
(For Beneficiary Account only)

To
Vardhaman Capital Pvt. Ltd
25 Swallow Lane, Wardley House, 2nd Floor
Kolkata - 700001
DP ID : IN303212

Date	D	D	M	M	Y	Y	Y	Y
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1. I / We hereby request you to close my/our account with you as per following details:

Name of the holder(s)	
Sole/ First Holder	
Second Holder	
Third Holder	

2. Reason/s for Closure of depository account: _____

3. Client ID (of account to be closed)

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4. Please tick the applicable option(s)

<input type="checkbox"/> Option A [There are no balances / holdings in this account]									
<input type="checkbox"/> Option B [Transfer the balances / holdings in this account as per details given]	Transfer to my / our own account <i>(Provide target account details and enclose Client Master Report of Target Account)</i> Transfer to any other account <i>(Submit duly filled Delivery Instruction Slip signed by all holders)</i>								
	Target Account Details								
	<input type="checkbox"/> NSDL DP ID <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
<input type="checkbox"/> CDSL Client ID <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									
<input type="checkbox"/> Option C [Rematerialise / Reconvert <i>(Submit duly filled Remat / Reconversion Request Form-for mutual fund units)</i>]									

5. Signature(s)

Sole / First Holder	
Second Holder	
Third Holder	

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Acknowledgement																	
We hereby acknowledge the receipt of the your request for closing the following Account subject to verification:																	
DP ID <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									Client ID <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
Name of Sole / First Holder																	
Name of Second Holder																	
Name of Third Holder																	
Signature of the Authorised Signatory	Seal/ Stamp of Participant																
Date																	