**Vardhaman Capital Private Limited**
Member: NSE, BSE & NSDL (DP)
SEBI Regd. No.: INZ000204533
CIN: U67120WB1995PTC068108

# Application for Closing an Account

**Form 34 · For Beneficiary account only**

| Date | DD / MM / YYYY |
|---|---|

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

## 1. I/We hereby request you to close my/our account with you as per the following details:

| | |
|---|---|
| **Name of Sole / First Holder** | |
| **Name of Second Holder** | |
| **Name of Third Holder** | |

## 2. Reason(s) for closure of the depository account

______________________________________________

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **3. Client ID** (account to be closed) | | | | | | | | |

## 4. Please tick the applicable option(s)

☐ **Option A** – There are no balances / holdings in this account.

☐ **Option B** – Transfer the balances / holdings in this account as per the details given:

☐ **Transfer to my / our own account**
(Provide target account details and enclose Client Master Report of the target account)

☐ **Transfer to any other account**
(Submit a duly filled Delivery Instruction Slip signed by all holders)

| Target Account Details | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Depository** | ☐ NSDL ☐ CDSL | | | | | | | |
| **DP ID** | | | | | | | | |
| **Client ID** | | | | | | | | |

☐ **Option C** – Rematerialise / Reconvert (Submit a duly filled Remat / Reconversion Request Form for mutual fund units)

## 5. Signature(s)

| | |
|---|---|
| **Sole / First Holder** | |
| **Second Holder** | |
| **Third Holder** | |

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**Acknowledgement**

We hereby acknowledge the receipt of your request for closing the following account, subject to verification:

| **DP ID** | I | N | | | | | | | **Client ID** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Sole / First Holder** | | | | | | | | | | | | | | | | | |
| **Second Holder** | | | | | | | | | | | | | | | | | |
| **Third Holder** | | | | | | | | | | | | | | | | | |

| **Signature of the Authorised Signatory** | **Seal / Stamp of Participant** |
|---|---|
| Date: ____________ | |