

ANNEXURE Q
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]	<input type="checkbox"/> Transfer to my / our own account <i>(Provide target account details and enclose Client Master Report of Target Account)</i>																					
	<input type="checkbox"/> Transfer to any other account <i>(Submit duly filled Delivery Instruction Slip signed by all holders)</i>																					
	<table border="1" style="width: 100%;"> <tr> <th colspan="2" style="text-align: center;">Target Account Details</th> </tr> <tr> <td><input type="checkbox"/> NSDL</td> <td>DP ID</td> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td><input type="checkbox"/> CDSL</td> <td>Client ID</td> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>	Target Account Details		<input type="checkbox"/> NSDL	DP ID									<input type="checkbox"/> CDSL	Client ID							
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<input type="checkbox"/> NSDL	DP ID																					
<input type="checkbox"/> CDSL	Client ID																					
<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	Client ID																
<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									<table border="1" style="display: inline-table; vertical-align: middle;"><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																	