

ANNEXURE QA
APPLICATION FOR CLOSING AN ACCOUNT
(For Clearing Member 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
-------------	---	---	---	---	---	---	---	---

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

Name of the Clearing Member								
Client ID								
DP ID	I	N						
CM-BP ID								
CC-CM ID								

2. Reason for Closure
(Please tick)

Shifting of Account

Others
(Please specify, _____)

Note for Participant:
In accordance with stipulated procedure for Account Shifting of Clearing Member, if the reason for closure is "Shifting of Account," Participant must close account in the DPM System only after receipt of confirmation from NSDL

3. Signature(s)

Name of the Authorised Signatories	Signature(s)

=====

Acknowledgement

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

DP ID	<input type="text"/>	Client ID	<input type="text"/>
CM-BP-ID	<input type="text"/>	CC-CM-ID	<input type="text"/>
Name of Clearing Member	<input type="text"/>		
Signature of the Authorised Signatory	<input type="text"/>		Seal/ Stamp of Participant
Date	<input type="text"/>		<input type="text"/>