



IL&FS House, Plot No. 14, Raheja Vihar, Chandivali, Andheri East, Mumbai – 400 072
 Phone:- 42493000 Fax:- 28570948/49 Email Id:- issl-dp@issl.co.in

ANNEXURE Q

**APPLICATION FOR CLOSING AN ACCOUNT
 (For Beneficiary Account only)**

To,
 IL&FS Securities Services Limited
 IL&FS House, Plot No 14, Raheja Vihar,
 Chandivali, Andheri East, Mumbai 400 072

DP ID :IN300095

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>
Target Account Details	
<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>]	

CLIENT BANK DETAILS (In case of Refund):-	
Bank Name:	Bank Account No.
MICR No.:	IFSC Code:

5. Signature(s)

Sole / First Holder	
Second Holder	
Third Holder	

Acknowledgement

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

DP ID		Client ID	
Name of Sole / First Holder			
Name of Second Holder			
Name of Third Holder			
Signature of the Authorised Signatory			Seal/ Stamp of Participant
Date			

Instructions :- 1. Relevant portion to be filled in 2. Please strike of as N.A. whatever is not applicable