



**DB (International)**  
**Stock Brokers Ltd.**

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Trading Code :

**Account Closure Request Form Annexure- 10.1**

Application No.		Date	D	D	M	M	Y	Y	Y	Y
Closure Initiated by	<input type="checkbox"/> BO <input type="checkbox"/> DP <input type="checkbox"/> CDSL									

(To be filled by the BO (in case of BO-initiated closure). Please fill all the details in **Block Letters** in English)

I / We the Sole Holder / Joint Holders / Guardian (in case of Minor) / Clearing Member request you to close my / our account with you from the date of this application. The details of my/our account are given below:

<b>Account Holder's Details</b>											
DP ID	1	2	0	3	6	8	0	0	Client ID		
Name of the First / Sole Holder											
Name of the Second Holder											
Name of the Third Holder											
Address for Correspondence											
City											
State											
PIN											
<b>Details of remaining security balances in the account (if any)</b>											
Reasons for Closing the Account											
Balance remaining in the account (if any) to be :											
<input type="checkbox"/> Partly rematerialized and partly transferred. <input type="checkbox"/> Rematerialized											
<input type="checkbox"/> Transferred to another account (Number give below) <input type="checkbox"/> Not applicable											
DP ID									Client ID		
Balance present in account for (To be filled by DP, if applicable)											
<input type="checkbox"/> Ear - marked <input type="checkbox"/> Pledged <input type="checkbox"/> Pending for Dematerialization <input type="checkbox"/> Frozen <input type="checkbox"/> Pending for Dematerialization <input type="checkbox"/> Lock-in											

**<sup>1</sup>DECLARATION: In case of Account Closure due to SHIFTING OF ACCOUNT:**

I/We declare and confirm that all the transactions in my/our demat account are true/ authentic.

	First / Sole Holder	Second Holder	Third Holder
Name			
Signature *			

\*If DP or CDSL initiates account closure, Signature(s) of account holder(s) not required.

===== (Please Tear Here) =====

**Acknowledgement Receipt**

Application No.

Date :-

We hereby acknowledge the receipt of the your instruction for Closing the following Account subject to verification: -

DP ID									Client ID						
Name of the First / Sole Holder															
Name of the Second Holder															
Name of the Third Holder															
Reason for Closure															

**Depository Participant Seal and Signature**

**Instructions to Account Holder(s)**

- Submit a duly-filled RRF if the balances are to be rematerialized.
- Submit a duly-filled Delivery Instruction Slip [DIS] (off market instruction slip) if the balances are to be transferred to another Account. This requirement is not applicable in the case of "SHIFTING OF ACCOUNT".