

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

To,

|             |   |   |   |   |   |   |   |   |
|-------------|---|---|---|---|---|---|---|---|
| <b>Date</b> | D | D | M | M | Y | Y | Y | Y |
|-------------|---|---|---|---|---|---|---|---|

**SWASTIKA INVESTMART LTD  
48,JAORA COMPOUND  
MYH ROAD, INDORE-452001**

|                        |
|------------------------|
| <b>DP ID: IN303833</b> |
|------------------------|

**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)

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

|   |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|
| <input type="checkbox"/> <b>Option A</b> [There are no balances / holdings in this account ]  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> <b>Option B</b><br>[Transfer the balances / holdings in this account as per details given]                                       | <input type="checkbox"/> Transfer to my / our own account<br><i>(Provide target account details and enclose Client Master Report of Target Account)</i><br><input type="checkbox"/> Transfer to any other account<br><i>(Submit duly filled Delivery Instruction Slip signed by all holders)</i> |  |  |  |  |  |  |  |  |
| <b>Target Account Details</b>   |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> NSDL   | DP ID  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> CDSL   | Client ID  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> <b>Option C</b> [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                         |
| Name of Sole / First Holder  |                                   |
| Name of Second Holder  |                                   |
| Name of Third Holder   |                                   |
| <b>Signature of the Authorised Signatory</b>   | <b>Seal/ Stamp of Participant</b> |
| <b>Date</b>  |                                   |