


**Account Closure Request Form**

**Annexure 10.1**

Application No.		Date							
Closure Initiated by	BO	DP	CDSL						

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

 <p>Think Growth...</p>	TO.
	<p align="center"><b>ALB STOCK BROKING PVT. LTD.</b>                  SEBI Reg. No. NSE / BSE :- INZ000257335 Dt.25/04/2019                  DPID :12064900 SEBI Reg.No:IN-DP-CDSL-61-2015 Dt. 29/04/2015                  Regd.office: Shaan-203,Nr.Sakar-2,opp.Town Hall,Ellisbridge,Ahmedabad-380006.                  CIN : U67120GJ2009PTC058361 Phone:(079)26576440,26576441,26576442.                  Email Id:albstock@yahoo.com</p>

Dear Sir / Madam,

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	6	4	9	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 :										
☞ partly rematerialised and partly transferred.					☞ Rematerialised					
☞ Transferred to another account (Number given below)					☞ Not applicable					
DP ID									Client ID	
Balance present in account for (To be filled by DP, if applicable)					☞ Ear - marked		☞ Pledged			
					☞ Pending for Dematerialisation		☞ Frozen			
					☞ Pending for Rematerialisation		☞ Lock-in			

**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 Hear) =====

**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**".