

**APPLICATION FOR CLOSING TRADING ACCOUNT**

To,

**UAE EXCHANGE & FINANCE LTD,**  
2<sup>nd</sup> Floor, Habeeb Towers,  
Opp. Maharaja's College Ground,  
M.G Road , Ernakulam, Cochin-682 011  
Tel : 0484-2370497,2370496.

**Client Code:**

**Client Name:**

I hereby request you to close my trading account held with you. Any balance in my account may please be transfered to the following accounts:-

Bank A/c No:	Demat A/c No. :
Branch :	DP Name :
Bank Name :	DP ID :

I understand & agree that any liabilities and/or obligations arising out of in respect of transactions entered into prior to the closure of this account and/or any charges pertaining to the period prior to the closure of this account shall continue to subsist and vest in and/or be binding on me, my heirs, legal representatives, executors, administrators or successors, as the case may be.

**Date:**

**Signature :**

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**FOR OFFICE USE ONLY**

	Transferred to
Account Balance :	
Margin Balance :	
Stock :	
Request received on :	
Closed on :	

**Prepared by:**

**Approved by:**

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**ACKNOWLEDGEMENT**  
**UAE EXCAHNGE & FINANCE LTD.**

We hereby acknowledge the receipt of closure request in Trading A/c No .....on.....

**Authorised Signatory**

**Seal**

## Account Closure Request Form

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)

To,  
**UAE Exchange & Finance Limited**  
**2nd Floor, Habeeb Towers, M.G.Road, Ernakulam-682011**

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:

Account Holder's Details											
DP ID										Client ID	
Name of the First / Sole Holder											
Name of the Second Holder											
Name of the Third Holder											
Address for Correspondence											
City						State			PIN		
Details of remaining security balances in the account (if any)											
Reasons for Closing the Account											
Balance remaining in the account (if any) to be :											
<input type="checkbox"/> partly rematerialised and partly transferred.						<input type="checkbox"/> Rematerialised					
<input type="checkbox"/> Transferred to another account (Number given 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 Dematerialisation			<input type="checkbox"/> Frozen		
						<input type="checkbox"/> Pending for Rematerialisation			<input type="checkbox"/> 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 Here) =====

**Acknowledgement Receipt**

**Application No.**

**Date :-**

We hereby acknowledge receipt of 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)**

- o Submit a duly-filled RRF if the balances are to be rematerialized.
- o 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"**.