

**RAINBOW SECURITIES PVT.LTD.**

**CIN - U67120WB1994PTC065293**

Depository Participant of Central Depository Services (I) Ltd.

Regd. Office: 305, "Centre Point", 3rd Floor, 21, Hemant Basu Sarani, Kolkata - 700 001, Ph.: 033-2213-4943/5183/5184,

EMAIL : dp@rainbowindia.co.in, DPID : 12077000, SEBI Regn.No. IN-DP-CDSL-689-2013

**ACCOUNT CLOSURE REQUEST FORM**

Application No.		Date	D	D	M	M	Y	Y	Y	Y
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Closure Initiated by	BO •	DP •	CDSL •
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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 CLOSURE DETAILS**

DP ID	1	2	0	7	7	0	0	0	UCC	Client/Bo ID	0	0	0				
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Name of the First / Sole Holder	
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Name of the Second Holder	
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Name of the Third Holder	
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Address for Correspondence	City		State		W B		PIN						

**Details of remaining security balances in the account (if any)**

Reasons for Closing the Account	
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Balance remaining in the account (if any) to be :	
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<input type="checkbox"/> partly rematerialised and partly transferred.	<input type="checkbox"/> Rematerialised
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<input type="checkbox"/> Transferred to another account (Number given below)	<input type="checkbox"/> Not applicable
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DP ID	1	2	0						UCC	Client/Bo ID							
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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.

Name of 1st Holder	Name of 2nd Holder	Name of 3rd Holder
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Sign of Sole/1st Holder *	Sign of Sole/1st Holder *	Sign of Sole/1st Holder *
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\*If DP or CDSL initiates account closure, Signature(s) of account holder(s) not required.

-----ACKNOWLEDGEMENT

**RECEIPT**

Application No.		Date	D	D	M	M	Y	Y	Y	Y
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We hereby acknowledge the receipt of your instruction for Closing the following Account subject to verification:-

DP ID	1	2	0	7	7	0	0	0	UCC	Client/Bo ID	0	0	0				
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Name of the First / Sole Holder	
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Name of the Second Holder	
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Name of the Third Holder	
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Reasons for Closing the Account	
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Instructions to the Account Holder(s), 1 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 2 transferred to another Account. This requirement is not applicable in the case of " <b>SHIFTING OF ACCOUNT</b> ".	For, RAINBOW SECURITIES PVT.LTD Seal & Signature
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