



**CAPSTOCKS AND SECURITIES (INDIA) PVT LTD.**  
 Redg. Office: T.C 28/2023, Capstocks Towers,  
 Thakaraparambu Road, Fort P.O, Trivandrum - 695023  
 Ph: 2463735, 2461745 Fax: 2461946, email: capstock@vsnl.com



ISO 9001 : 2008 Certified Brokerage

DP ID NO. : 12029800  
 SEBI REG NO. : IN-DP-CDSL-203-2003

### Account Closure Form

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

(To be filled by the BO. Please fill all the details in **Block Letters** in English)

To,  
**Capstocks & Securities (India) Pvt. Ltd.**  
**Thakaraparambu Road, Trivandrum.**

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				Client ID							
Name of the First / Sole 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: <input type="checkbox"/> Shifting of Account <input type="checkbox"/> Other (Pls Specify)											
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 a/c 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			

I / We request you to transfer the balance of securities from my/ our above demat account to the DP.....  
 .....(BO ID mentioned above).

The transactions in this account are genuine and authentic.

	First / Sole Holder	Second Holder	Third Holder
Name			
Signature			

\*If DP of 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:-

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

Instructions to Account Holder(s)

**Depository Participant Seal and Signature**

- Submit a duly-filled up RRF if the balances are to be rematerialized.
- Submit a duly filled up transfer form (off market instruction slip) if the balances are to be transferred to another A/c