



Brics Securities Limited

(DP ID NO.16800/16801) (SEBI Regn. No. IN – DP – CDSL – 76 – 2000)
Regd Office: Sadhana House, 1st Floor, 570, P.B. Marg, Worli, Mumbai – 400 018
Tel.:91-22-66360000 / 24994000 Fax:91-22-66360159 / 24994023



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 (in case of BO initiated closure). Please fill all the details in **Block Letters** in English)

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 | 1 | 2 | 0 | 1 | 6 | 8 | 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 | | | | |

| 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 rematerialized 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. | | | | | | |

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* | | | |

Data Entered By _____

Signature Verified By _____

*If DP or CDSL initiates account closure, Signature(s) of account holder(s) not required.

======(Please Tear Here)=====

Application No.

Acknowledgement Receipt

Date :-

We hereby acknowledge the receipt of the your instruction for Closing the following Account subject to verification: -

| | | | | | | | | | | | | |
|---------------------------------|---|---|---|---|---|---|---|--|-----------|--|--|--|
| DP ID | 1 | 2 | 0 | 1 | 6 | 8 | 0 | | 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 dully-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"