

**PMS CLOSURE FORM**

Date 

D	D	M	M	Y	Y	Y	Y
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To,  
 NJ ADVISORY SERVICES PRIVATE LIMITED  
 Block No.901, 6<sup>th</sup> Floor, B Tower,  
 Udhna Udyognagar Sangh Commercial Complex,  
 Central Road No.10, Udhna, Surat – 394210, Gujarat.

**Request for Closure of PMS Account**

I/We the undersigned, hold PMS Account No. 

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 with your Company.

I/We hereby request you to close the said PMS Account by way of:

(Please tick (√) whichever is applicable)

- Redemption of all my/our securities and proceeds to be credited to my/our:
- Bank account registered at the time of Application                      OR                       Below mentioned Account

Bank A/c. No.													
Bank Name													
Branch name													
City							State						
Pin Code													
MICR Code							IFS Code						

**Any one proof required from the following list : (if bank not registered)**

1. Cancelled Cheque with pre printed name
2. Bank Statement (Certified True Copy) or Letter from Banker with Seal & Signature
3. Bank Pass Book

Transfer all the securities to Demat Account owned by me/us to:

Name																				
DP ID																				
BO ID																				

**Any one proof required from the following list :**

1. BO Master
2. Statement of holding

**Notes:**

- 1) The Redemption transactions will be executed within T+3 working days, where T is the date on which the application is received at NJ Branch.
- 2) The powers enjoyed by NJAS under the PMS agreement shall get revoked on successful closure of the PMS Account.

**FULL NAME IN BLOCK LETTERS**

1 <sup>st</sup> Holder Name:	F	I	R	S	T	N	A	M	E	M	I	D	D	L	E		
N	A	M	E							L	A	S	T	N	A	M	E
Signature:																	

2 <sup>nd</sup> Holder Name:	F	I	R	S	T	N	A	M	E	M	I	D	D	L	E		
N	A	M	E							L	A	S	T	N	A	M	E
Signature:																	

3 <sup>rd</sup> Holder Name:	F	I	R	S	T	N	A	M	E	M	I	D	D	L	E		
N	A	M	E							L	A	S	T	N	A	M	E
Signature:																	

