## PMS CLOSURE FORM

Date D D M M Y	Υ	Υ	Υ																								
To, NJ ADVISORY SERVICES PRIV Block No.901, 6th Floor, B Tower Udhna Udyognagar Sangh Con Central Road No.10, Udhna, Su	r, nmerci	ial C	ompl		t.																						
							<u>Req</u>	uest	for (	Closu	re o	F PM	S Acc	coun	<u>t</u>												
I/We the undersigned, hold PM	iS Acc	ount	No.									] ,	with y	our	Com	ipany	7.										
I/We hereby request you to clos	se the s	said l	PMS	Acco	ount b	y wa	ay of	:																			
(Please tick ( $\sqrt{\ }$ ) whichever is ap	plical	ole)																									
Redemption of all my/our	securi	ities a	and p	oroce	eds t	o be	credi	ted t	o my	/our	:																
Bank account reg	gistere	d at	the ti	me o	of Ap	plica	tion					OR			Ве	low	ment	ione	d Ac	coun	į						
Bank A/c. No.	$\Box$														1												
Bank Name																											
Branch name																									<u> </u>		
City	_											Stat	e														
Pin Code MICR Code	+											IFS	Code				Т	Т	Τ	Т	Τ	Т	Т		$\overline{}$		
Cancelled Cheque with pre p     Bank Statement (Certified Tri     Bank Pass Book      Transfer all the securities t  Name  DP ID	ue Cop	ру) о	r Lett						al &	Signa	ature																
BO ID	+																										
Any one proof required from to 1. BO Master 2. Statement of holding  Notes:  1) The Redemption transactions 2) The powers enjoyed by NJAS	s will b S unde	oe exe	ecute	d wi																receiv	ed at	t NJ E	3ranc	h.			
FULL NAME IN BLOCK LETT  1st Holder Name:	ERS	Т	R	S	т		N	Α	М	Е			Т		Т		_	_	Т	_	Т	M	Т	D	D	т	Е
N A M E	F	1	17.	3	1		1/	A	IVI	E								L	Α	S	Т	IVI	N	А	М	E	E
Signature:										•						'		•			'						
2 <sup>nd</sup> Holder Name:	F	Ι	R	S	Т		N	А	Μ	Е								Т				М	Ι	D	D	L	Е
N A M E																		L	Α	S	Т		N	Α	М	Е	
Signature:																											
3 <sup>rd</sup> Holder Name:	F	Ι	R	S	Т		N	Α	Μ	Е										$\perp$		М	Ι	D	D	L	Е
N A M E																		L	А	S	Т		N	А	М	Е	
Signature:																											



## NJ India Invest Private Limited DP of Central Depository Services (India) Limited

Block No. 901 & 902, 6th Floor, 'B' Tower, Udhna Udyog Nagar Sangh Commercial Complex, Central Road No. 10, Udhna, Surat - 394 210, Gujarat, India Contact No.: 0261 3985500 Email: dpservices@njindiainvest.com Website: www.njindiainvest.com CIN: U67120GJ2000PTC037674

BSE - SEBI Registration No: INB011360535 NSE - SEBI Registration No: INB231360539 CSDL - SEBI Registration No: IN-DP-14-2015



## **Account Closure Request Form**

Application No. *Date: D D M M Y Y Y Y
Closure Initiated by BO DP CDSL (To be filled by the BO (in case of BO-initiated closure). Please fill all the details in Block Letters in English)
To, NJ Indialnvest Pvt. Ltd., Block No.901 & 902, 6th Floor, 'B' Tower, Udhna Udyog Nagar Sangh Commercial Complex, Central Road No. 10, Udhna, Surat - 394210, Gujarat, India. 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 6 4 2 0 0 Client ID:
Name of the First/Sole Holder:
Name of the Second Holder:
Name of the Third Holder:
Correspondence Address:
City:
State: Pin/Zip Code: Pin/Zip Code:
Details of remaining security balances in the account (if any)
Reasons for Closing the Account:
Balance remaining in the account (if any) to be: Partly Rematerialised and Partly Transferred Rematerialised
Transferred to another account (Number given below)  Not applicable
DP ID: Client ID: Clie
Ear - marked Pending for Dematerialisation Pending for Rematerialisation Pledged Frozen 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.
Account Closure Request Form (Trading)
To, NJ Indialnvest Pvt. Ltd.,
Dear Sir / Madam, I / We the holder of the trading account request you to close my / our account with you from the date of this application. The details of my/our account
are given below.
Name of client: UCC No.:
Distributor Name: Distributor Code.: Distributor Code.: Segments for closure: BSE NSE
Branch Name: Segments for closure: BSE NSE
Signature of Client Distributor Signature
(Please Tear Here)
Application No. Date: Dom Myyyyy
We hereby acknowledge the receipt of the your instruction for Closing the following Account subject to verification:
DP ID: 1 2 0 6 4 2 0 0 Client ID: UCC No.:
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 RRF if the balances are to be rematerialized.

transferred to another Account. This requirement is not applicable in the case of "Shifting Of Account".