## PMS CLOSURE REQUEST FORM



#### NJ ASSET MANAGEMENT PRIVATE LIMITED

Registered Office: Block No. 601, 3rd Floor, 'C' Tower, Udhna Udyog Nagar Sangh Commercial Complex, Central Road No.10,Udhna, Surat – 394210, Gujarat Corporate Office: Unit No. 101A, 1st Floor, Hallmark Business Plaza, Bandra (East), Mumbai – 400051, Maharashtra.

(Please fill in the information below legibly in E	nglish	and in CAPITALS)
PMS Account No:		
First Holder Name: First Name Mide  I/We hereby request you to close the said PMS Account by way of: (P	dle Na	
Redemption of all my/our securities and proceeds to be credited to my/our:		Transferring all the securities to Demat Account owned by me/us to:
OR  Default bank for redemption		DP ID Client ID
Below mentioned Bank Account    Bank A/c. No:	O R	(Attach CML with DP Stamp)

### Notes:

- 1. Investors are requested to use same pen(ink) for form filling and signatures across the document(s).
- 2. The Portfolio Manager endeavours is to execute the Redemption transactions within T+3 working days, where T is the date on which the application is received at NJ Asset Management Private Limited (NJ AMPL).
- 3. Upon closure of PMS Account, the Agreement with the Portfolio Manager will stand terminated and Power of Attorney in favour of Portfolio Manager shall get revoked.
- 4. The application should be submitted to NJ AMPL within 15 days from the date of request as mentioned on this form..
- 5. Upon closure of PMS account request, Investor gives consent to terminate all existing live Systematic registration(s) along with Bank mandate(s) registered with NJAMPL.
- 6. Investors give their consent and authorize NJAMPL to initiate the beneficiary demat account addition in seller demat and transfer via Delivery Instruction Slip (DIS) through the custodian, if the holding pattern in the target demat account does not align with the PMS account during closure with unit transfer.
- 7. If either of the two mentioned bank options is not selected, redemption proceeds will be credited to the default bank for redemption.

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Sole/First Applicant/ Authorised Signatory	Second Applicant/ Authorised Signatory		Third Applicant/ Authorised Signatory

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#### NJ INDIA INVEST PVT. LTD.

Registered & Correspondence Office Address: Block No.901 & 902, 6th Floor, B Tower, Udhna Udyognagar Sangh Commercial Complex,
Central Road No.10, Udhna, Surat - 394 210, Gujarat | Phone: 0261 402 5500 | Fax: 0261 402 5880
SEBI Reg No - BSE & NSE: INZ000213137 | SEBI Reg No - CDSL & NSDL: IN-DP-14-2015
Email id: dpservices@njgroup.in | Website: www.njgroup.in



# **Account Closure Request Form**

Application No.         *Date : D D M M Y Y Y Y
Closure Initiated by BO 🗸 DP Depository (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:
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:
Balance present in account for (To be filled by DP, if applicable):
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
Name Signature *
Signature *  *If DP or Depository initiates account closure, Signature(s) of account holder(s) not required.
Signature *  *If DP or Depository initiates account closure, Signature(s) of account holder(s) not required.  Account Closure Request Form (Trading)
Signature *  *If DP or Depository initiates account closure, Signature(s) of account holder(s) not required.  *Account Closure Request Form (Trading)  To, NJ IndiaInvest Pvt. Ltd.,
Signature *  *If DP or Depository initiates account closure, Signature(s) of account holder(s) not required.  *Account Closure Request Form (Trading)  To, NJ IndiaInvest Pvt. Ltd., Dear Sir / Madam,
*If DP or Depository initiates account closure, Signature(s) of account holder(s) not required.  *Account Closure Request Form (Trading)  To,  NJ IndiaInvest 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.
*If DP or Depository 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.:
*If DP or Depository initiates account closure, Signature(s) of account holder(s) not required.  *Account Closure Request Form (Trading)  To, NJ IndiaInvest 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:  Distributor Name:  Distributor Code.:
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transferred to another Account. This requirement is not applicable in the case of "Shifting Of Account".