



PEERLESS SECURITIES LTD.

APPLICATION FOR CLOSING AN ACCOUNT

To
Peerless Securities Limited
1, Chowringhee Square
2nd Floor, Kolkata-700 069
DP ID IN300958

Date (dd-mm-yyyy)									
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1. I / We hereby request you to close my / our account with you as per following details :

	Name(s) of the holders
Sole / First Holder	
Second Holder	
Third Holder	

2. Reason/s for Closure of depository account : _____

3. Client ID (of account to be closed)

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4. Please tick the applicable option(s)

<input type="checkbox"/> Option A [There are no balances / holding in this account]																						
Option B [Transfer the balances / holdings in this account as per details given]	<input type="checkbox"/> Transfer to my / our own account <i>(Provide target account details and enclose Client Master Report of Targer Account)</i> <input type="checkbox"/> Transfer to any other account <i>(Submit duly filled Delivery Instruction Slip signed by all holders)</i>	Target Account Details <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><input type="checkbox"/> NSDL</td> <td style="width: 15%;">DP ID</td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> </tr> <tr> <td><input type="checkbox"/> CDSL</td> <td>Client ID</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> NSDL	DP ID									<input type="checkbox"/> CDSL	Client ID								
<input type="checkbox"/> NSDL	DP ID																					
<input type="checkbox"/> CDSL	Client ID																					
<input type="checkbox"/> Option C [Rematerialise / Reconvert <i>(Submit duly filled Remat / Reconversion Request Form-for mutual fund units)</i>]																						

5. Signature(s)

Sole / First Holder	
Second Holder	
Third Holder	

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Acknowledgement																					
We hereby acknowledge the receipt of the your request for closing the following Account subject to verification :																					
DP ID <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											Client ID <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>										
Name of Sole / First Holder																					
Name of Second Holder																					
Name of Third Holder																					
Signature of the Authorised Signatory	Seal / Stamp of Participant																				
Date																					