



**ANNEXURE Q**

**APPLICATION FOR CLOSING AN ACCOUNT  
( For Beneficiary Account only)**

To,

DP Name: BAJAJ CAPITAL LIMITED

DP Address: Mezzanine Floor, Bajaj House ,97, Nehru Place,New Delhi-110019

Ph. 011-41693000,66161111

DP ID : IN303237

Date	D	D	M	M	Y	Y	Y	Y
------	---	---	---	---	---	---	---	---

1. I / We hereby request you to close my/our account with you as per following details:

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

2. Reason/s for Closure of depository account: \_\_\_\_\_

3. Client ID (of account to be closed) 

--	--	--	--	--	--	--	--

4. Please tick the applicable option(s)

<input type="checkbox"/> <b>Option A</b> [There are no balances / holdings in this account ]																						
<input type="checkbox"/> <b>Option B</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 Target Account)</i>																					
	<input type="checkbox"/> Transfer to any other account <i>(Submit duly filled Delivery Instruction Slip signed by all holders)</i>																					
	<table border="1"> <tr> <th colspan="2">Target Account Details</th> </tr> <tr> <td><input type="checkbox"/> NSDL</td> <td>DP ID <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table></td> </tr> <tr> <td><input type="checkbox"/> CDSL</td> <td>Client ID <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table></td> </tr> </table>	Target Account Details		<input type="checkbox"/> NSDL	DP ID <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									<input type="checkbox"/> CDSL	Client ID <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>							
Target Account Details																						
<input type="checkbox"/> NSDL	DP ID <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																					
<input type="checkbox"/> CDSL	Client ID <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																					
<input type="checkbox"/> <b>Option C</b> [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	

=====

Acknowledgement																	
We hereby acknowledge the receipt of your request for closing the following Account subject to verification:																	
DP ID <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>I</td><td>N</td><td>3</td><td>0</td><td>3</td><td>2</td><td>3</td><td>7</td></tr></table>	I	N	3	0	3	2	3	7	Client ID <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								
I	N	3	0	3	2	3	7										
Name of Sole / First Holder																	
Name of Second Holder																	
Name of Third Holder																	
Signature of the Authorised Signatory	Seal/ Stamp of Participant																
Date																	