Account Closure Request Form – Trading &/or Demat A/c

Application No.	Date D D M M Y Y Y Y
Closure Initiated by ☐ BO ☐ DP ☐ NSDL ☐ CDSL	

(To be filled by the BO (in case of BO-initiated closure). Please fill all the details in **Block Letters** in English)

mastertrust BROKING & INVESTMENTS	**To, Master Capital Services Limited** **Integrated Backoffice Operations,** **C-56, Sector-63,Noida (U.P.) - 201301** SEBI Regn No: INZ000210539 DP ID NSDL – IN301143 & CDSL -12022900

Dear Sir / Madam,

I / We the Trading Account Holder/ Sole Holder / Joint Holders / Guardian (in case of Minor) / Clearing Member request you to close my / our **Trading &/or Demat** account with you from the date of this application. The details of my/our account are given below:

☐ **Trading Account**	☐ **Demat Account –NSDL/CDSL**	☐ **Trading & Demat Account – NSDL/CDSL**

(*Please Tick in appropriate Column*)

1.	**Account Holder's Details**		
	Name of the First / Sole Holder		
	Name of the Second Holder		
	Name of the Third Holder		
	Address for Correspondence		
	City:	**State:**	**Pin:**
2.	Reasons for Closing the Account		
3.	Trading Account Code to be closed		
	Trading Account Name		
	Demat Account Code to be closed	☐ NSDL -DP ID –**IN 301143** ☐ CDSL -DP ID –**I2022900**	**BO ID** _____

4.	Please tick the applicable option(s)												
	☐ Option A [There are no balances / holdings in this account]												
	☐ Option B [Transfer the Balances/holdings in this account as per details given]	☐ Transfer to my/our own account *(provide target account details and enclose Client Master Report of Target Account)*	**Target Account Details**										
			☐ NSDL	DP ID									
			☐ CDSL	Client ID									
		☐ Transfer to any other account *(Submit duly filled Delivery Instruction slip signed by all holders)*											
	☐ Option C [Rematerialise / Reonvert (Submit duly filled Remat/Reconversion Request Form-for mutual fund units)]												

5.	Balance remaining in the account (if any) to be :
	☐ Partly rematerialised and partly transferred. ☐ Rematerialised
	☐ Transferred to another account (Details given below) ☐ Not applicable
	DP ID _____ Client ID _____
	Balance present in account for (To be filled by DP, if applicable) ☐ Ear - marked ☐ Pledged ☐ Pending for Dematerialisation ☐ Frozen ☐ Pending for Rematerialisation ☐ Lock-in
6.	I/We declare and confirm that all the transactions in my/our Trading/Demat account are true/ authentic. I/we further confirm and agree that I/we shall remain liable for any excess payment of funds/transfer of securities to me/us which may come to your notice after the closure of the above mentioned account. Further, I/we have no claim/dispute pending with you/sub broker/dealing office of your Company.

Signatures:		**Sign Verified** (For Office Use Only)	**Tick Status**
Trading Account /Sole/First Holder		**Yes / No**	**Trading Suspended : Yes / No**
Second Holder		**Yes / No**	**Ledger Balance : Debit / Credit / Nil** **Pledged Securities : Yes / No**
Third Holder		**Yes / No**	**Checked By :** _____

*If DP or CDSL initiates account closure, Signature(s) of account holder(s) not required.

Instructions to Account Holder(s)

- Submit a duly-filled RRF if the balances are to be rematerialized.
- Submit a duly-filled Delivery Instruction Slip [DIS] (off market instruction slip) if the balances are to be transferred to another Account. This requirement is not applicable in the case of "**SHIFTING OF ACCOUNT**".

Acknowledgment

We hereby acknowledge the receipt of your request for closing the following Account subject to verification:

DP ID									Client ID								

Name of Sole/First Holder	
Name of Second Holder	
Name of Third Holder	
Trading Account Code	
Trading Account Name	

Signature of the Authorised Signatory

Date

Seal / Stamp of Participant