



### Trading Account Transfer Request Form

Application No.		Date	D	D	M	M	Y	Y	Y	Y
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(To be filled by the Client. Please fill all the details in **Block Letters** in English)

To,  
**MONEY SPELL PRIVATE LIMITED**  
**NO. 44, PRAKASAM STREET,**  
**T.NAGAR, CHENNAI – 600017,TAMILNADU, INDIA**

Dear Sir / Madam,

I / We the client request you to close and transfer my / our account with you from the date of this application. Reimburse my/our Security Deposit amount after adjusting it towards debits or credits if any other Segments. The details of my/our account are given below:

<b>Trading &amp; DP Account</b>										
Client Code [ UCC ]		Name								
Address for Correspondence										
City		State		PIN						
Mobile Number		Email Id								
Reasons for Closing the Account										
Exchanges	NSE <input type="checkbox"/>	BSE <input type="checkbox"/>	Mutual Funds <input type="checkbox"/>	DP <input type="checkbox"/>						
Client's Signature * (With seal if required)										

For office use only

Closure done by	Forms	Accounts	DP	Trading	Closer Verified by
Name					Director / Compliance Officer
Signature					



## Account Closure Request Form

Application No.		Date												
Closure Initiated by	<input type="checkbox"/> BO	<input type="checkbox"/> DP	<input type="checkbox"/> CDSL											

(To be filled by the BO. Please fill all the details in **Block Letters** in English)

To,  
**MONEY SPELL PRIVATE LIMITED**  
**NO. 44, PRAKASAM STREET,**  
**T.NAGAR, CHENNAI – 600017**  
**TAMILNADU, 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	5	0	4	0	0	Client ID					
Name of the First / Sole Holder														
Name of the Second Holder														
Name of the Third Holder														
Address for Correspondence														
City							State			PIN				

Details of remaining security balances in the account (if any)														
Reasons for Closing the Account														
Balance remaining in the account (if any) to be :														
<input type="checkbox"/> partly rematerialised and partly transferred.							<input type="checkbox"/> Rematerialised							
<input type="checkbox"/> Transferred to another account (Number given below)							<input type="checkbox"/> Not applicable							
DP ID									Client ID					
Balance present in a/c for (To be filled by DP, if applicable)							<input type="checkbox"/> Ear – marked			<input type="checkbox"/> Pledged				
							<input type="checkbox"/> Pending for Dematerialisation			<input type="checkbox"/> Frozen.				
							<input type="checkbox"/> Pending for Rematerialisation			<input type="checkbox"/> 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.

======(Please Tear Hear)=====

### Acknowledgement Receipt

**Application No.**

**Date :-**

We hereby acknowledge the receipt of the your instruction for Closing the following Account subject to verification: -

DP ID	1	2	0	5	0	4	0	0	Client ID					
Name of the First / Sole Holder														
Name of the Second Holder														
Name of the Third Holder														
Reason for Closure														

**Depository Participant Seal and Signature**

### Instructions to Account Holder(s)

- Submit a duly-filled RRF if the balances are to be rematerialized.
- Submit a duly-filled transfer form (off market instruction slip) if the balances are to be transferred to another A/c.