



Account Closure 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 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:

Trading & DP Account										
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 Here) =====

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.