

# VSE STOCK SERVICES LIMITED

Annexure - 10.1

Wholly owned subsidiary of Vadodara Stock Exchange Ltd.  
 (Depository Participant of Central Depository Services (India) Limited)  
 2nd Floor, Fortune Tower, Sayajigunj, Vadodara-390 005.  
 Ph. : 0265-2361372 Intercom : 2822/331  
 DP ID No. 13016700, SEBI Reg. No. IN-DP-CDSL-705-2013, UID No. : 100009571  
 CIN-U67120GJ2002PLC040360

## Account Closure Request Form

Application No.												
	Date	D	D	M	M	Y	Y	Y	Y	Y	Y	Y
Closure initiated by	<input type="checkbox"/> BO <input type="checkbox"/> DP <input type="checkbox"/> CDSL											

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

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 :

DP ID					Client ID				
<b>Account Holder's Details</b>									
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 BALANCE IN THE ACCOUNT (if any)

Reason 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 account 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) .....

**Application No.** \_\_\_\_\_ **Acknowledgement Receipt** \_\_\_\_\_ **Date :**    /    / 20

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

DP ID					Client ID				
Name of the First / Sole Holder									
Name of the Second Holder									
Name of the Third Holder									
Reason for Closure									

#### Instructions to Account Holder(s)

- Submit 2 duly-filled RRF if the balances are to be rematerialized.
- Submit 2 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"

**Depository Participant Seal and Signature**