



Account Closure Request Form

Application No.	Date	D	D	M	M	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)

To, <input type="checkbox"/> Ajmera Associates Limited 63/67Ajmera House, Pathakwadi Road, Opp. L T. Marg, Mumbai – 400 002. Tel No.: 022-4062 8888 Fax No.: 022-40628989	<input type="checkbox"/> Ajmera Commodities and Derivatives Private Limited 63/67Ajmera House, Pathakwadi Road, Opp. L T. Marg, Mumbai – 400 002. Tel No.: 022-4062 8888 Fax No.: 022-40628989
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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:

Depository Account Trading Account Both

Segment: Cash & F&O Currency Commodities

Account Holder's Details																	
DP ID	1	2	0	3	0	3	0	0	Client ID								
Client Code																	
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 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.

Instructions to Account Holder(s)

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



Acknowledgement Receipt

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

Application No.									DATE	D	D	M	M	Y	Y	Y	Y
DP ID	1	2	0	3	0	3	0	0	Client ID								
Name of First / Sole Holder																	
Name of Second Holder																	
Name of Third Holder																	
Reason for Closure																	

For Ajmera Associates Limited

For Ajmera Commodities and Derivatives Private Limited

Authorised Signatory

Authorised Signatory