Account Closure Request Form

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

Closure for ☐ Only Trading A/c ☐ Only Demat A/c ☐ Trading & Demat (please tick (√) whichever is applicable)

To,
AASMAA SECURITIES PRIVATE LIMITED
401/A & B 4TH FLOOR, ASTRAL HEIGHTS COMPLEX
6-3-352/2 & 3, ROAD NO:1 BANJARA HILLS, HYDERABAD-500034.

Client Code:_____ (For Trading A/C)

Dear Sir / Madam,
I/We _____, hereby would like to close my/our above-mentioned Trading account held with your organization. I declare that no claims are pending with your organization either in the form of securities or in the nature of cash.

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

DP ID:	**12080500**	Client ID:	
Name of the First / Sole Holder			
Name of the Second Holder			
Name of the Third Holder			
Address for Correspondence			
City:	**State:**	**Pin Code:**	

Details of remaining Security balances in the account (if any)

Reasons for Closing the Account			
Balance remaining in the account (if any) to be :	❑ Partly rematerialized and partly transferred. ❑ Transferred to another account (Number given below)	❑ Rematerialised ❑ Not applicable	
DP ID:		**Client ID:**	
Balance present in account for (To be filled by DP, if applicable)	❑ Ear - marked ❑ Pending for Dematerialization ❑ Pending for Rematerialisation	❑ Pledged ❑ Frozen ❑ 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 *			

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**".
*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 your instruction for Closing the following Account subject to verification: -

DP ID	**12080500**	Client ID	Client Code
Name of the First / Sole Holder			
Name of the Second Holder			
Name of the Third Holder			
Reason for Closure			

Depository Participant Seal and Signature

Received By	Closure Process done by	Verified By