

Account Closure 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. Please fill all the details in Block Letters in English)

To

FORT SHARE BROKING PVT. LTD.

Depository Participant of Central Depository Services (I) Ltd.

9, Rawdon Street 2nd Floor, Room No-7, Kolkata-700017

Phone : 033-4051-0157/0160 • Fax : 2289-4498

Email : dp@fortshare.net • Website : www.fortshare.net

DP ID No. 12059300, SEBI Regn. No. : IN-DP-CDSL-492-2008



Dear Sir / Madam,

I / We the Sole Holder / Joint Holder / 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	9	3	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"/> party rematerialised any party 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									

	First / Sole Holder	Second Holder	Third Holder
Name			
Signature*			

*If DP or CDSL initiates account closure, Signature(s) of account holder(s) not required.



ACKNOWLEDGMENT RECEIPT

Application No.

Date :

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

DP ID	1	2	0	5	9	3	0	0	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 a duly-filled up RRF if the balances are to be rematerialized
- Submit a duly-filled up transfer form (off market instruction slip) if the balances are to be transferred to another A/c.

Fort Share Broking Pvt. Ltd.

Seal & Signature