ANNEXURE Q
APPLICATION FOR CLOSING ACCOUNT
(For Beneficiary Account only)

INMACS

DP Name: INMACS LIMITED   Date _____

Address: 909, CHIRANJIV TOWER
             43, NEHRU PLACE, NEW DELHI- 110019
DP ID: IN302574

1.   I/ We hereby request you to close my/our account with you as per following details:

	Name of the holder(s)
Sole/First Holder	
Second Holder	
Third Holder	

2.   Reason/s for Closure of Depository Account: _____

3.   Client ID (of account to be closed):   _____

4.   Please tick the applicable option(s)

☐ **Option A** [There are no balances / holdings in this account]

☐ **Option B** [Transfer the balances/ holdings in this account as per details given]	☐ Transfer to my/ our own account. *(Provide target account details and enclose Client Master Report of Target Account)* ☐ Transfer to any other account *(Submit duly filled Delivery Instruction Slip signed by all holders)*	**Target Account Details**								
		NSDL	**DP ID**							
			Client Id							

☐ **Option C** [Rematerialise/ Reconvert (Submit duly filled Remat/ Reconversion Request Form- for mutual fund units)]

5.   Signature(s)

Sole/First Holder	
Second Holder	
Third Holder	

Acknowledgement

We hereby acknowledge the receipt of your request for closing the following Account subject to verification:

DP ID							**Client ID**							
Name of Sole/First Holder														
Name of Second Holder														
Name of Third Holder														

Signature of the Authorized Signatory	**Seal/Stamp of Participant**
Date :	