

ANNEXURE Q

**APPLICATION FOR CLOSING AN ACCOUNT
(For Beneficiary Account only)**

To,
DP Name: Gogia Capital Growth Limited
 31, Bsesment, Community Center, Basant Lok
 Vasant Vihar, New Delhi - 110057

Date									
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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)

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Trading Code (NSE-BSE CASH F&O)

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4. Please tick the applicable option(s)

<input type="checkbox"/> Option A [There are no balances / holdings in this account]																					
<input type="checkbox"/> Option B [Transfer the balances / holdings in this account as per details given]	Transfer to my / our own account <i>(Provide target account details and enclose Client Master Report of Target Account)</i> Transfer to any other account <i>(Submit duly filled Delivery Instruction Slip signed by all holders)</i>																				
	Target Account Details																				
	<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL	<table border="1"> <tr> <td>DP ID</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Client ID</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	DP ID										Client ID								
DP ID																					
Client ID																					
<input type="checkbox"/> Option C [Rematerialise / Reconvert <i>(Submit duly filled Remat / Reconversion Request Form-for mutual fund units)</i>]																					

5. Signature(s)

Sole / First Holder	
Second Holder	
Third Holder	

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Acknowledgement									
We hereby acknowledge the receipt of the your request for closing the following Account subject to verification:									
DP ID	<table border="1"> <tr> <td>I</td><td>N</td><td>3</td><td>0</td><td>0</td><td>5</td><td>8</td><td>9</td> </tr> </table>	I	N	3	0	0	5	8	9
I	N	3	0	0	5	8	9		
	Client ID								
Name of Sole / First Holder									
Name of Second Holder									
Name of Third Holder									
Signature of the Authorised Signatory	Seal/ Stamp of Participant								
Date									