

ANNEXURE Q


APPLICATION FOR CLOSING AN ACCOUNT
 (For Beneficiary Account only)

To,

Date									
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DP Name: Gogia Capital Services Limited
 100 A/1 Ground Floor, The Capital Court Munrika, New Delhi-110067

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]	<input type="checkbox"/> Transfer to my / our own account <i>(Provide target account details and enclose Client Master Report of Target Account)</i> <input type="checkbox"/> Transfer to any other account <i>(Submit duly filled Delivery Instruction Slip signed by all holders)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Target Account Details</th> </tr> <tr> <td style="width: 10%;"><input type="checkbox"/> NSDL</td> <td style="width: 10%;">DP ID</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td><input type="checkbox"/> CDSL</td> <td>Client ID</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	Target Account Details		<input type="checkbox"/> NSDL	DP ID																			<input type="checkbox"/> CDSL	Client ID																		
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<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	

Acknowledgement

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

DP ID <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											Client ID <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
Name of Sole / First Holder																					
Name of Second Holder																					
Name of Third Holder																					
Signature of the Authorised Signatory	Seal/ Stamp of Participant																				
Date																					