

ANNEXURE Q

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

To,
DP Name: B. LODHA SECURITIES LIMITED
DP Address: 6B, Raja Bahadur Compound, 32 Ambalal Doshi Marg, Fort,
Mumbai 400 001.
DP ID : IN303606

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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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>															
	Target Account Details															
	<input type="checkbox"/> NSDL DP ID <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <input type="checkbox"/> CDSL Client ID <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>															
<input type="checkbox"/> 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	

Inward No	Standing ID	Closure ID	Capture By	Released By

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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" style="display: inline-table;"><tr><td>I</td><td>N</td><td>3</td><td>0</td><td>3</td><td>6</td><td>0</td><td>6</td></tr></table>	I	N	3	0	3	6	0	6	Client ID <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
I	N	3	0	3	6	0	6										
Name of Sole / First Holder																	
Name of Second Holder																	
Name of Third Holder																	
Signature of the Authorised Signatory Date	Seal/ Stamp of Participant																