A WHOLLY OWNED SUBSIDIARY OF CANARA BANK

Canara Bank Securities Ltd. (DP ID: IN301356)
Central DP Cell, 1st Floor, No. 51, Stock Exchange Towers,
1st cross, JC Road, Bangalore, Karnataka, 560027.
Contact: 080-22271211

ANNEXURE Q

APPLICATION FOR CLOSING AN ACCOUNT (For Beneficiary Account only)

To, DP Name: DP Address:								Date	D	D	M	M	Y	Y	Y	Y		
DP ID :																		
1. I / We hereby request you to close my/our account with you as per following details:																		
Name Of the Holder	Name Of the Holder(s)																	
Sole/ First Holder																		
Second Holder																		
Third Holder																		
2. Reason/s for Closure of depository account:																		
 Demat Client ID (of account to be closed) Trading Account No. (of account to be closed) 																		
5. Please tick the applicable option(s)																		
Option A [There are no balances / holdings in this account]																		
Option B					-													
[T]			/ our own ac		Target Accoun							ıt Details						
[Transfer the balances / (Provide target account enclose Clie							DP ID											
holdings in this account		Report of Target Account) Fransfer to any other account			□ NS	SDL										<u> </u>		
as per details	etails (Submit duly filled Delivery						Client ID											
given]	Instruc holder		signed by all		CD	SL	וט											
Option C [Re	materiali	ze / Reco	onvert (Submi	it duly f	I Illed Remat	t / Reco	nversio	on Reque	est Fo	rm-fo	or mu	tual fi	und u	nits)]				
6. Signature(s)																		
Cala / Et an Halla																		
Sole / First Holder Second Holder																		
Third Holder																		
======	=====	====	======	====	=====	=====		====	===	===	==	== = =	===	===				
					Acknov	wledger	ment											
We hereby acknowl	edge the re	eceipt of	the your reque	est for c	losing the f	ollowing	g Accou	ınt subje	ct to v	erifi	catior	1:						
DP ID						Client	t ID											
Name of Sole / First	Holder																	
Name of Second Hol	der																	
Name of Third Hold	Name of Third Holder																	
Signature of the Au	ıthorised	Signator	ry								Seal/ Stamp of Participant							
Date																		