



# MARWADI SHARES AND FINANCE LTD.

"MARWADI FINANCIAL PLAZA", NANA MAVI MAIN ROAD, Off 150 FEET RING ROAD, RAJKOT-360005.

Phone:-(0281) 2332001 & 2332007

Fax: - (0281) 2331241

Annexure-10.1

## CDSL

DP ID-12035100

### Account Closure Request Form

|                           |                             |                             |                               |  |  |  |  |  |  |  |  |  |
|---------------------------|-----------------------------|-----------------------------|-------------------------------|--|--|--|--|--|--|--|--|--|
| <b>Application No.:</b> - | <b>Date:</b>                |                             |                               |  |  |  |  |  |  |  |  |  |
| Closure Initiated By      | <input type="checkbox"/> BO | <input type="checkbox"/> DP | <input type="checkbox"/> CDSL |  |  |  |  |  |  |  |  |  |

(To be filled by the BO (in case of BO-initiated closure). Please fill all the details in **Block Letters** in English)

To,  
**Marwadi Shares and Finance Ltd.**  
Rajkot.

Dear Sir / Madam,

I/We the Sole Holder / Joint Holders / Guardian (in case of Minor) / Clearing Member request you to close my/our account with you from the date of this application. The Details of my / our account are given below:

|                               |          |          |          |          |          |          |          |          |                  |  |  |     |  |  |  |  |  |  |
|-------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|------------------|--|--|-----|--|--|--|--|--|--|
| <b>DP ID</b>                  | <b>1</b> | <b>2</b> | <b>0</b> | <b>3</b> | <b>5</b> | <b>1</b> | <b>0</b> | <b>0</b> | <b>Client ID</b> |  |  |     |  |  |  |  |  |  |
| Name of the First/Sole Holder |          |          |          |          |          |          |          |          |                  |  |  |     |  |  |  |  |  |  |
| Name of the Second Holder     |          |          |          |          |          |          |          |          |                  |  |  |     |  |  |  |  |  |  |
| Name of the Third Holder      |          |          |          |          |          |          |          |          |                  |  |  |     |  |  |  |  |  |  |
| Address for Correspondence    |          |          |          |          |          |          |          |          |                  |  |  |     |  |  |  |  |  |  |
| City-                         |          |          |          |          |          |          | State-   |          |                  |  |  | PIN |  |  |  |  |  |  |

#### Details of remaining security balances in the account (if any)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|
| Reason for Closing the Account :-  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |
| Balance remaining in the account (if any) to be:                             |  |  |  |  |  |  |  |  |  | <input type="checkbox"/> Not applicable                                |  |  |  | <input type="checkbox"/> Rematerialised |  |  |  |  |
| <input type="checkbox"/> Transferred to another account (Number given below) |  |  |  |  |  |  |  |  |  | <input type="checkbox"/> Partly rematerialized and partly transferred. |  |  |  |   |  |  |  |  |
| DP ID  |  |  |  |  |  |  |  |  |  | Client ID  |  |  |  |   |  |  |  |  |
| Balance present in account for (To be filled by DP, if applicable)           |  |  |  |  |  |  |  |  |  | <input type="checkbox"/> Ear-Marked                                    |  |  |  | <input type="checkbox"/> Pledged        |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  | <input type="checkbox"/> Pending for Dematerialisation                 |  |  |  | <input type="checkbox"/> Frozen         |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  | <input type="checkbox"/> Pending for Rematerialisation                 |  |  |  | <input type="checkbox"/> Lock-in        |  |  |  |  |

#### DECLARATION: In case of Account Closure due to SHIFTING OF ACCOUNT:

I/We declare and confirm that all the transactions in my/our demat account are true/authentic.

|            | First/Sole Holder | Second Holder | Third Holder |
|------------|-------------------|---------------|--------------|
| Name       |                   |               |              |
| Signature* |                   |               |              |

\* If DP or CDSL initiates account closure, Signature(s) of account holder(s) not required.

| Received At Branch | Received By Empl. Name & Sign | BILL AMOUNT | PAYMENT RECD. Rs. | Discount(IF ANY) Rs. | Approved By | Closing Dt. | CLOSED By |
|--------------------|-------------------------------|-------------|-------------------|----------------------|-------------|-------------|-----------|
|                    |                               |             |                   |                      |             |             |           |

Version-3 Sept.12

### Acknowledgement Receipt

|                           |              |  |  |  |  |  |  |  |  |  |  |
|---------------------------|--------------|--|--|--|--|--|--|--|--|--|--|
| <b>Application No.:</b> - | <b>Date:</b> |  |  |  |  |  |  |  |  |  |  |
|---------------------------|--------------|--|--|--|--|--|--|--|--|--|--|

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

|                       |          |          |          |          |          |          |          |          |                  |  |  |  |              |  |  |  |  |
|-----------------------|----------|----------|----------|----------|----------|----------|----------|----------|------------------|--|--|--|--------------|--|--|--|--|
| <b>DP ID</b>          | <b>1</b> | <b>2</b> | <b>0</b> | <b>3</b> | <b>5</b> | <b>1</b> | <b>0</b> | <b>0</b> | <b>Client ID</b> |  |  |  |              |  |  |  |  |
| First / Sole Holder   |          |          |          |          |          |          |          |          | Second Holder    |  |  |  | Third Holder |  |  |  |  |
| Name                  |          |          |          |          |          |          |          |          |                  |  |  |  |              |  |  |  |  |
| Reason for Closure: - |          |          |          |          |          |          |          |          |                  |  |  |  |              |  |  |  |  |

#### Instruction to Account Holder(s)

- Submit a duly-filled RRF if the balances are to be rematerialized.
- Submit a duly-filled Delivery Instruction Slip [DIS] (off market instruction slip) if the balances are to be transferred to another account. This requirement is not applicable in the case of **"SHIFTING OF ACCOUNT"**.

For, MSFL Authorised Signatory

## FEEDBACK FORM CUSTOMER

Dear Customer(s),

**Thank you, very much for having operated Demat Account with us. Kindly provide your valuable remarks / comments which will help us to provide better service to our prestigious active clients.**

| Reason for Closing Account                                    |                                    |
|---|------------------------------------|
| <input type="checkbox"/> No Balance.                          |                                    |
| <input type="checkbox"/> No More Transaction.                 |                                    |
| <input type="checkbox"/> Shifting To Other Place.             |                                    |
| <input type="checkbox"/> Shifting Portfolio in Other Account. |                                    |
| <input type="checkbox"/> Higher Depository Charges.           |                                    |
| <input type="checkbox"/> Other (Please Mention) : _____       |                                    |
| How Do You Rate Our Services & Charges                        |                                    |
| <b>SERVICES</b>   | <b>CHARGES</b>                     |
| <input type="checkbox"/> Excellent                            | <input type="checkbox"/> Low       |
| <input type="checkbox"/> Good                                 | <input type="checkbox"/> Very High |
| <input type="checkbox"/> Satisfactory                         | <input type="checkbox"/> High      |
| <input type="checkbox"/> OK                                   | <input type="checkbox"/> Moderate  |
| <input type="checkbox"/> Bad                                  |                                    |
| <b>Any Suggestions ? :-</b>                                   |                                    |
| _____   |                                    |
| _____   |                                    |