



Marwadi Shares and Finance Ltd.

"Marwadi Financial Plaza", Nana Mava Main Road, Off 150ft Ring Road,
Rajkot- 360001.

NSDL
CDSL

NON-LEVY CHECK list for CLOSER OF ACCOUNT

(To be filled by Branch-Compulsory)

MSFL Client Id :-	
1 st Holder Name:-	
2 nd Holder Name:-	
3 rd Holder Name:-	

Please find here with following Documents
(Please Tick enclosed Documents)

- Annexure-Q(NSDL)/10.1(CDSL)** Application for closing An account duly filled and signed by Holder(s)
Write all the details including **Target DP Name, DP Id and Client Id.**
- Latest Client Master Report** of Target Client Id in **"CRYSTAL FORMAT"** (provided by NSDL/CDSL) duly **Stamped and Signed by Target DP.**
Note: - (Back office Client Master Report will not be accepted in any case)
- Duly Filled & Signed Attachment sheet (Fill latest Holding)
- Copy of PAN card of Account Holder(s) duly signed by Holder(s).
- Application Letter for Cancellation of Instruction Slip(s)
- Account Suspension letter (If demat account cannot be Close due to Inactive ISIN)

Received By

Employee Name:-	Received Date:-
E-Code:-	Received Time :-
Debit amount collected (If any) Rs.:-	Branch Name:-

FOR H.O. USE ONLY

No. of Days	No. of Scripts	Portfolio Value
Checked By:-	Authorised By:-	



Marwadi Shares and Finance Ltd.

"Marwadi Financial Plaza", Nana Mava Main Road, Off 150ft Ring Road, Rajkot- 360001.
Phone :- (0281) 2332001 2332007 Fax :- (0281) 2331241

**NSDL
DP ID
IN300974**

Annexure-Q

Sr. No. _____

APPLICATION FOR CLOSING AN ACCOUNT (For Beneficiary Account only)

DATE: - ____ / ____ /20 ____ .

To,
Marwadi Shares & Finance Ltd.
RAJKOT-360001.
DP ID : IN300974

Client ID (of account to be closed)							

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 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 (Provide target account details and enclose Client Master Report of Target Account)																				
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"/> Transfer to any other account (Submit duly filled Delivery Instruction Slip signed by all holders)																				
<input type="checkbox"/> Option C : - Rematerialise / Reconvert (Submit duly filled Remat / Reconversion Request Form-for mutual fund units)																				

4 Signature(s)

Sole/First Holder		Second Holder		Third Holder		
Accepted Date & Time	Bill Amount Bill Date	Payment Recd. (Amt)	Discount (If Any)	Authorised Signatory	Verified by Date of Recpt.	Closed By

Received By _____ at Branch Name _____

Acknowledgement

Sr. No. _____

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

DP ID	I	N	3	0	0	9	7	4	Client ID								
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Name of Sole/First Holder :	
Name of Second Holder :	
Name of Third Holder :	

Accepted By: _____

Date: ____ / ____ /20 ____ .

For, MSFL(Authorised Signatory)

Trade Serial No.:- _____

List of Securities to be Transfer for Account Closure cum Transfer

(To be filled by Client)

Source Client ID	Target DP ID	Target Client ID

Reason/Purpose for Off Market Transfer :-	Transfer to Same Holder(s)'s Account
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Sr.	ISIN	Security Name	Qty	DP Internal Reference No.

1st Holder Signature	2nd Holder Signature	3rd Holder Signature
----------------------------------------	----------------------------------------	----------------------------------------

Application Letter for Cancellation of Instruction Slip(s)

Date:- ____/____/20____.

To,
Manager-DP Department.
Marwadi Shares and Finance Ltd.
Marwadi Financial Plaza,
Nana Mava Road, Off. 150 feet Ring Road,
Rajkot-360001.

Dear Sir,

Sub:- Request for Cancellation/Suspension of Instruction Slip issue in

Demat Account No. :-									
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I/We have given request for Closer of Account with Transfer of securities for above mentioned client id, we here with request you to **Cancel / Suspend ALL UNUSED Instruction Slip issue in subject Demat account.**

I/ We assure you that such Instruction slip will not be use by us in any manner in future.

Thanking You.

Yours Faithfully,

	Name of the Holder(s)	Signature of Holder(s)
1 st Holder		
2 nd Holder		
3 rd Holder		

For Office Use only

Signature Verify By:	Application Received By:
Date: ____/____/20____ Time: _____	Slips Cancelled By:

To,
Manager-DP
Marwadi Shares & Finance Ltd.
Marwadi Financial Plaza,
Nana Mava Main Road,
Off 150 feet Wide Ring Road,
Rajkot-360001.

વિષય : ડીમેટ એકાઉન્ટ FREEZE/SUSPEND કરવા બાબત.

માન્ય સહેબશ્રી ,

અમો આપની DP (DP ID-IN300974) મા Client Id _____ ધરાવીએ છીએ.

અમો હાલમા NON LEVY PROCESS થી આપની પાસેથી A/C બીજી DP મા ફેરવવા માટેની APPLICATION આપેલ છે, પરંતુ મારા A/C મા નીચે જણાવેલ ISIN કોઈપણ કારણોસર Inactive હોવાથી તે Transfer થઈ શકે તેમ નથી. જનુ લીસ્ટ નીચે મુજબ છે.:

Sr.	ISIN	Scrip Name	Qty	Status
1				
2				
3				
4				
5				

તો આપ સહેબશ્રીને વિનતી કરવાની કે મારા A/C મા રહેલ Inactive ISIN સીવાયની Scrip Transfer કરાવી આપશો અને મારુ ખાતુ FREEZE/SUSPEND કરવા વિનતી.

આપનો વિશ્વાસુ