



# fast CAPITAL MARKETS LTD

Regd. Office : Suite # 10, Calcutta Mansion, 4, Bishop Lefroy Road, 4th Floor, Kolkata - 700 020. WB INDIA  
 Tel. : (033) 3051 4545 (Hunting) • Fax : (033) 2289 6286 • URL : www.fasttrade.co.in  
 E-mail : dp@fasttrade.co.in • Post your grievances at : grievances@fasttrade.co.in

## Account Closure Request Form

Application No.		Date	D	D	M	M	Y	Y	Y	Y
Closure Initiated by	<input type="checkbox"/> BO <input type="checkbox"/> DP <input type="checkbox"/> CDSL									

(To be filled by the BO. Please fill all the details in Block Letters in English)

To,  
 Fast Capital Markets Ltd.  
 KOLKATA  
 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:

Account Holder's Details																				
DP ID	1	2	0	5	9	4	0	0	Client ID											
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)																				
Reasons for Closing the Account																				
Balance remaining in the Account (if any) to be :																				
<input type="checkbox"/> Partly rematerialized and partly transferred.											<input type="checkbox"/> Rematerialized									
<input type="checkbox"/> Transferred to another account (Number given below)											<input type="checkbox"/> Not Applicable									
DP ID	1	2	0	5	9	4	0	0	Client ID											
Balance present in A/C 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.								

	First / Sole Holder	Second Holder	Third Holder
Name			
Signature *			

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

===== (Please Tear Here) =====

Fast Capital Markets Ltd.

Application No.

Date :-

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

DP ID	1	2	0	5	9	4	0	0	Client ID											
Name of the First / Sole Holder																				
Name of the Second Holder																				
Name of the Third Holder																				
Reason for Closure																				

For, Fast Capital Markets Ltd.

Depository Participant Seal and Signature

Instructions to Account Holder(s)

- o Submit a duly-filled RRF if the balances are to be rematerialized.
- o Submit a duly-filled transfer form (off market instruction slip) if the balances are to be transferred to another A/C.