



### Account Closure Request Form

Application No.		Date												
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,  
**Karuna Financial Services Pvt. Ltd.**  
 207,C.R. Avenue,meridian Plaza,Kolkata-700 006  
 Tel : 91 33 30910819/20, Fax: 91 33 2268 5562

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										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 rematerialised and partly transferred.							<input type="checkbox"/> Rematerialised							
<input type="checkbox"/> Transferred to another account (Number given below)							<input type="checkbox"/> Not applicable							
DP ID							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				

**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.  
 =====(Please Tear Here)=====

#### Acknowledgement Receipt

**Application No.** \_\_\_\_\_ **Date :-** \_\_\_\_\_

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

DP ID							Client ID							
Name of the First / Sole Holder														
Name of the Second Holder														
Name of the Third Holder														
Reason for Closure														

**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 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"**.