

ANNEXURE Q

**APPLICATION FOR CLOSING DEMAT & TRADING ACCOUNT
(For Beneficiary Account only)**

To,
IFCI FINANCIAL SERVICES LIMITED
 3rd Floor, Continental Chambers
 142 Mahatma Gandhi Road, Nungambakkam
 Chennai - 600 034
 DP ID : IN301364

Date									
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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 & Trading account: _____

Trading a/c No. _____

3. DP Client ID (of account to be closed)

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4. 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 <i>(Provide target account details and enclose Client Master Report of Target Account)</i>					
	<input type="checkbox"/> Transfer to any other account <i>(Submit duly filled Delivery Instruction Slip signed by all holders)</i>					
	<table border="1"> <tr> <th colspan="2">Target Account Details</th> </tr> <tr> <td><input type="checkbox"/> NSDL</td> <td>DP ID</td> </tr> <tr> <td><input type="checkbox"/> CDSL</td> <td>Client ID</td> </tr> </table>	Target Account Details		<input type="checkbox"/> NSDL	DP ID	<input type="checkbox"/> CDSL
Target Account Details						
<input type="checkbox"/> NSDL	DP ID					
<input type="checkbox"/> CDSL	Client ID					
<input type="checkbox"/> Option C [Rematerialise / Reconvert <i>(Submit duly filled Remat / Reconversion Request Form-for mutual fund units)</i>]						

5. Signature(s)

Sole / First Holder	
Second Holder	
Third Holder	

Securities Balance - Funds Balance - Maker - Checker -

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Acknowledgement									
We hereby acknowledge the receipt of the your request for closing the following Account subject to verification:									
DP ID	<table border="1"> <tr> <td>I</td> <td>N</td> <td>3</td> <td>0</td> <td>1</td> <td>3</td> <td>6</td> <td>4</td> </tr> </table>	I	N	3	0	1	3	6	4
I	N	3	0	1	3	6	4		
	Client ID								
Name of Sole / First Holder									
Name of Second Holder									
Name of Third Holder									
Signature of the Authorised Signatory	Seal/ Stamp of Participant								
Date									