

ANNEXURE Q

**APPLICATION FOR CLOSING AN ACCOUNT
(For Beneficiary Account only)**

To,
ASHLAR SECURITIES PVT LTD
 A-38, Sector-67, Noida
 Uttar Pradesh-201301
 DP ID:IN303921

Date	D	D	M	M	Y	Y	Y	Y
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**1. I/ We hereby request you to close my/our account with you as per following details:
 Tick wherever applicable (√)**

DP	<input type="checkbox"/>	Trading	<input type="checkbox"/>	Both	<input type="checkbox"/>	Trading Code				
Applicable exchange	NSE	<input type="checkbox"/>	BSE	<input type="checkbox"/>	MCX	<input type="checkbox"/>	NCDEX	<input type="checkbox"/>	ALL	<input type="checkbox"/>

Name of the holder(s)	
Sole/ First Holder	
Second Holder	
Third Holder	

2. Reason/s for Closure of depository /trading account: _____

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

5. Signature(s)

Sole / First Holder	
Second Holder	
Third Holder	

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

DP ID

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Client ID

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Name of Sole / First Holder

Name of Second Holder

Name of Third Holder

Signature of the Authorised Signatory

Date

Seal/ Stamp of Participant