Integrated Masger Securities Pvt. Ltd.
(Member: BSE, NSE, MCX, Depository Participant of NSDL & CDSL)
Corporate Off.: 303, New Delhi House, 27, Barakhamba Road, New Delhi-110001
SEBI Reg. No. INZ000175931, Phones: 011 43074307
Compliance Officer: Ms. Bharti Rana Email: dp@integratedmaster.com CIN: U74899DL1995PTC070418

ANNEXURE Q
APPLICATION FOR CLOSING AN ACCOUNT
(For Beneficiary Account only)

Date								

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 Closuere of depository account : _____

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

4. Please tick the applicable option(s)

☐ **Option A** [There are no balances / holdings in this account]											
☐ **Option B** [Transfer the balances / holdings in this account as per details given/	☐ Transfer to my / our own account (Provide target account details and enclose Client Master Report of Target Account) ☐ Transfer to any other account (Submit duly filled Delivery Instruction Slip signed by all holders)	**Target Account Details**									
		☐ NSDL ☐ CDSL	DI ID								
			Client ID								

5. Signature(s)

Sole/First Holder	
Second Holder	
Third Holder	

Acknowledgement			
We hereby acknowledge the receipt of the your request for closing the following Account subject to verification :			
DP ID		Client ID	
Name of Sole / First Holder			
Name of Second Holder			
Name of Third Holder			
Signature of the Authorised Signatory : **Date :**		**Seal / Stamp of Participant**	