PROSPERA FINSTOCKS PRIVATE LIMTED

UNIT NO. 24 A, GROUND FLOOR VIPUL
AGORA BUILDING MG ROAD GURGAON
HARYANA - 122002
PHONE NO – 0124-4779678
EMAIL: dp.prosperafinstocks@gmail.com

Account Closure Request Form

Application No.		Date	D	D	M	M	Y	Y	Y	Y
Closure Initiated by	θ BO θ DP θ CDSL									

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

To,
Prospera Finstocks Pvt. ltd
CDSL DP – ID : 12104300
Unit No. 24A, Ground Floor, Vipul Agora Building MG Road, Gurgaon Haryana-122002
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	1	0	4	3	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 :	
θ Partly rematerialised and partly transferred.	θ Rematerialised
θ Transferred to another account (Number given below)	θ Not applicable
DP ID	Client ID
Balance present in a/c for (To be filled by DP, if applicable)	θ Ear - marked θ Pledged θ Pending for Dematerialisation θ Frozen. θ Pending for Rematerialisation θ 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 Hear) ==========

Acknowledgement Receipt

Application No. **Date:-**

We hereby acknowledge the receipt of 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