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**ACCOUNT CLOSURE REQUEST FORM**

|                      |                             |                             |                               |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |
|----------------------|-----------------------------|-----------------------------|-------------------------------|--|--|--|--|-------------------|--|--|--|--|--|--|--|--|--|
| Application No.      |                             |                             |                               |  |  |  |  | Date (dd/mm/yyyy) |  |  |  |  |  |  |  |  |  |
| Closure Initiated by | <input type="checkbox"/> BO | <input type="checkbox"/> DP | <input type="checkbox"/> CDSL |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |

To be filled by the BO (in case of BO - initiated closure). Please fill all the details in **Block Letters** in English.

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 | 0 | 8 | 1     | 8 | 0 | 0 | Client ID |          |  |  |  |  |  |  |  |
| Name of First / Sole Holder |   |   |   |   |       |   |   |   |           |          |  |  |  |  |  |  |  |
| Name of Second Holder       |   |   |   |   |       |   |   |   |           |          |  |  |  |  |  |  |  |
| Name of Third Holder        |   |   |   |   |       |   |   |   |           |          |  |  |  |  |  |  |  |
| Address for Correspondence  |   |   |   |   |       |   |   |   |           |          |  |  |  |  |  |  |  |
| City                        |   |   |   |   | State |   |   |   |           | Pin Code |  |  |  |  |  |  |  |

**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 account 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.



Powered by RKSVM Securities India Private Limited  
SEBI REG NO.IN-DP-118-2015

..... (Please Tear Here) .....

**Application No.:**

**Acknowledgement Receipt**

**Date:**

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

|                             |   |   |   |   |   |   |   |   |           |  |  |  |  |  |  |  |  |
|-----------------------------|---|---|---|---|---|---|---|---|-----------|--|--|--|--|--|--|--|--|
| DP ID                       | 1 | 2 | 0 | 8 | 1 | 8 | 0 | 0 | Client ID |  |  |  |  |  |  |  |  |
| Name of First / Sole Holder |   |   |   |   |   |   |   |   |           |  |  |  |  |  |  |  |  |
| Name of Second Holder       |   |   |   |   |   |   |   |   |           |  |  |  |  |  |  |  |  |
| Name of Third Holder        |   |   |   |   |   |   |   |   |           |  |  |  |  |  |  |  |  |
| Reason for Closure          |   |   |   |   |   |   |   |   |           |  |  |  |  |  |  |  |  |

**Instructions to Account Holder(s):**

- Submit a duly-filled RRF if the balances are to be rematerialised.
- 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"**.

**For RKSVM Securities India Private Limited**