

IL&FS House, Plot No. 14, Raheja Vihar, Chandivali, Andheri East, Mumbai – 400 072 Phone:- 42493000 Fax:- 28570948/49 Email Id:- issl-dp@issl.co.in ANNEXURE Q

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

LEFS Securities Services Limited   DP ID: IN300095     LEFS House, Pict No. 14, Ronbeje Vibor, Chandrodi, Andheri Esst, Murmbol 400.072     Name of the holder(s)     Name of the holder(s)     Name of the holder(s)     Sole/First Holder     Secend Holder     Third Holder     Client ID (of account to be closed)     Quite A [There are no balances / boldings in this account     Quite A [There are no balances / boldings in this account     Define B   Transfer to my / sur own account     Client ID   DP ID     Library   DP ID     Library   DP ID     Define C   Rematerialise / Reconvert (Submit duly filled Renut / Recombersion Request Form for mutual fund units)     Client Bank DETAILS (In case of Refund)-   Bank Name:   Bank Account No.     Bank Name:   Bank Account No.     MICR No:   IPSC Code     Verberey acknowledge the receipt of the your request for closing the following Account subject to verification:    DP ID     Name of the holder	To,									Date	D	D	М	M	YY	Y	Y
Acknowledgment  Chend No.:    Client ID   Option C   Rematerialise   Reconvert (Submit duly filled Remat   Reconvertion Request Form-for mutual fund units)						DP ID :IN300095											
Name of the holder(s)   Sole/First Holder																	
Name of the holder(s)   Sole/First Holder	1. I/We hereby	request v	ou to cl	ose m	y/our acco	ount wi	ith you	ı as per f	ollowin	g detail:	<b>:</b> :						
Second Holder Third Holder  2. Reason's for Closure 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										-							
Third Holder  2. Reason/s for Closure of depository account:  3. Client ID (of account to be closed)  4. Please tick the applicable option(s)    Option B	Sole/ First Holder								100								
2. Reason's for Closure 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 to my / our own account    (Provide larget account details and elective larget account)  Interpolation of the larget account details and elective larget account details and elective Client Master Report of the larget Account Details  (Submit duty filled Delicery)  Interpolation of the larget Account   NSDL    Option C (Rematerialise / Recenvert (Submit duly filled Remat / Reconversion Request Form-for mutual fund units)]  CLIENT BANK DETAILS (In case of Refund):-  Bank Name:   Bank Account No.    MICR No:   IFSC Code:  Second Holder  Third Holder  We hereby acknowledge the receipt of the your request for closing the following Account subject to verification:  DP ID   Name of Sole / First Holder    Name of Second Holder	Second Holder																
4. Please fick the applicable option(s)    Option A [There are no balances / holdings in this account.]   Option B   Transfer to my / our own account   Pounds larged account details and fangle account as per details given   Transfer to any other account   Submit duly filled Delivery instruction Slip signed by all holders)    Option C [Rematerialise / Reconvert (Submit duly filled Remat / Reconversion Request Form-for mutual fund units)]    CLIENT BANK DETAILS (in case of Refund)-    Bank Name:   Bank Account No.     MICR No:   IPSC Code:	Third Holder																
4. Please fick the applicable option(s)    Option A [There are no balances / holdings in this account.]   Option B   Transfer to my / our own account   Pounds larged account details and fangle account as per details given   Transfer to any other account   Submit duly filled Delivery instruction Slip signed by all holders)    Option C [Rematerialise / Reconvert (Submit duly filled Remat / Reconversion Request Form-for mutual fund units)]    CLIENT BANK DETAILS (in case of Refund)-    Bank Name:   Bank Account No.     MICR No:   IPSC Code:	2 Resear/s for Cl	osure of	denosit	oraz oraz	count:												
## Please tick the applicable option(s)    Option A [There are no balances / holdings in this account]   Option B   Transfer to my / our nwn account   (Provide Integel account) details and enclose Clain Master Report of Target Account)   DP ID     DP ID     DP ID     DP ID     DP ID     DP ID	z. Reasonys for Cr	osure or e	асрози	ory ac	- Louis												
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Transfer to my / our own account   Chronide larget account details and enclose   Client Master Report of Target Account Details																	
Transfer the balances evides Client Master Report of Target Account Details    Target Account   Target Account							unt ]										
balances   Target Account   Target Account   Transfer to any other account   Submit duly filled Delivery   Instruction Slip signed by all   CDSL   DP ID   Client   Dolders)   CDSL   DD   DD   DD   DD   DD   DD   DD	Option B			Target Account Details													
heldings in this account as per details given]    Details given   Transfer to any other account (Submit aluly filled Delivery Instruction Slip signed by all holders)    Option C   Rematerialise / Reconvert (Submit aluly filled Remat / Reconversion Request Form-for mutual fund units)	• * * * * * * * * * * * * * * * * * * *				laster Rep	ort of			TOP I								
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Deption C [Rematerialise / Reconvert (Submit duly filled Remat / Reconversion Request Form-for mutual fund units)]  CLIENT BANK DETAILS (In case of Refund):-  Bank Name: Bank Account No. MICR No.: IFSC Code:  5. Signature(s)  Sole / First Holder  Second Holder  Third Holder  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 Sole / First Holder  Name of Second Holder	_									ıt							
CLIENT BANK DETAILS (In case of Refund):-  Bank Name: Bank Account No.  MICR No.: IFSC Code:  5. Signature(s)  Sole / First Holder  Second Holder  Third Holder  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 Sole / First Holder  Name of Second Holder				, 0				CDSL	ID								
CLIENT BANK DETAILS (In case of Refund):-  Bank Name: Bank Account No.  MICR No.: IFSC Code:  5. Signature(s)  Sole / First Holder  Second Holder  Third Holder  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 Sole / First Holder  Name of Second Holder	Continue C. IRas		/ D		/Cl	611.	J D	+ / D					-1 6	W			
Bank Name:  Bank Account No.  MICR No.:  IFSC Code:  5. Signature(s)  Sole / First Holder  Second Holder  Third Holder  We hereby acknowledge the receipt of the your request for closing the following Account subject to verification:  DP ID  Name of Sole / First Holder  Name of Second Holder	Option C [Res	materialis	se / Recc	nvert	(Submit a	ury jitter	a Renia	n / Recom	ersion K	equest F	<b>rm</b> -Jor	тиги	ai juni	a unns)	1		
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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  Name of Sole / First Holder  Name of Second Holder	MICR No.:						IFS	SC Code:									
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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																	
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We hereby acknowledge the receipt of the your request for closing the following Account subject to verification:  DP ID  Name of Sole / First Holder  Name of Second Holder	THICK TROUCE																
We hereby acknowledge the receipt of the your request for closing the following Account subject to verification:  DP ID  Name of Sole / First Holder  Name of Second Holder	==																
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Name of Sole / First Holder Name of Second Holder	We hereby acknow	ledge the	receipt	of the	your requ	test for	closin	g the foll	owing A	eccount s	subject	to ve	rifica	tion:			
Name of Second Holder	DP ID							Cli	ent ID								
	Name of Sole / Firs	t Holder															
Name of Third Holder	Name of Second Ho	older															
	Name of Third Hol	der															

Seal/ Stamp of Participant

Instructions:- 1. Relevant portion to be filled in 2. Please strike of as N.A. whatever is not applicable

Signature of the Authorised Signatory

Date