

Account Closure Form

Application No.: _____

Date: ____/____/____

Closure Initiated By : <input type="checkbox"/> BO <input type="checkbox"/> DP <input type="checkbox"/> CDSL	Closure for : <input type="checkbox"/> Trading <input type="checkbox"/> Demat <input type="checkbox"/> Both
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To,

Groww Invest Tech Private Limited

No 11, 80 feet Road, ST Bed, Koramangala 4th Block, Bangalore – 560034

DP ID : 12088700

Dear Sir / Madam,

I / We the Sole Holder /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	8	7	0	0	CLIENT ID										
TRADING (NSE & BSE)																			
Name of the Sole Holder																			
Address for Correspondence																			
City								State		PIN									

Details of remaining security balances in the account (if any) : (Please attach the annexure)

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 a/c 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
Name	
Signature	

*If DP or CDSL initiates account closure, Signature(s) of account holder(s) not required.

 (Please Tear Here)

Acknowledgement Receipt

Application No.: _____

Date: ____/____/____

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

DP ID	1	2	0	8	8	7	0	0	CLIENT ID								
Name of the First / Sole Holder																	
Name of the Second Holder																	
Name of the Third Holder																	
Reason for Closure																	

Instructions to Account Holder(s)

- Submit a dully-filled up RRF if the balances are to be rematerialized.
- Submit a duly filled up transfer form (off market instruction slip) if the balances are to be transferred to another A/c.

Depository Participant Seal and Signature