Account Closure Request Form

Application No.				Date			2	0	1	8
Closure Initiated by	θ ΒΟ	θDP	θ CDSL							

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

Τo,

Comfort Securities Limited A-301,Hetal Arch, Opp.Natraj , S.V.Road, Malad (W), Mumbai-400064

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			-		Ŭ.						
DP ID 1 2 0 5 3 7	' 0	0	Client ID	0	0	0					
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	he accou	unt (if a	ny)								
Reasons for Closing the Account	NO holding, No Transaction										
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		Clie	ent ID								
Balance present in a/c for			θ Ear - marked θ Pledged								
(To be filled by DP, if applicable)	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, Sig	nature(s) of account holder(s) not required.
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te :-	/	/2016							
We hereby acknowledge the receipt of the your instruction for Closing the following Account subject to verification: -									
1		ate :- / subject to ver							

Instructions to Account Holder(s)