



Account Closure Request Form

Application No.		Date	D	D	M	M	Y	Y	Y	Y
Closure Initiated by	<input type="checkbox"/> BO <input type="checkbox"/> DP <input type="checkbox"/> CDSL									

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

To,
Artha Broking Services Limited
 Times Tower, 5th Floor, Kamala Mills Compound
 Senapati Bapat Marg, Lower Parel, Mumbai - 400013

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	5	6	1	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 :																			
<input type="checkbox"/> partly rematerialised and partly transferred. ① ② <input type="checkbox"/> Rematerialised ①																			
<input type="checkbox"/> Transferred to another account (Number given below) ② <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 Rematerialisation <input type="checkbox"/> Frozen. <input type="checkbox"/> Pending for Dematerialisation <input type="checkbox"/> Lock-in.
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	First / Sole Holder	Second Holder	Third Holder
Name			
Signature			

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

Trading Account Closure Request Form

To,
Artha Broking Services Limited
Times Tower, 5th Floor, Kamala Mills Compound
Senapati Bapat Marg,,
Lower Parel, Mumbai - 400013

Dear Sir / Madam,

I request you to close my trading account with you from the date of this application.
The details of my account are given below:

Account Holder's Details	
Trading Account Id	
Name of the First / Sole Holder	
Address for Correspondence	

Reason for Closing the Account	
Client Name	
Client Signature	

For Office Use Only

Branch Office:
Checked By : Name of the Branch Employee
ABSL Stamp & Signature

H.O. Office:
Verified By Central OPS Name of the Branch Employee
Signature

Date:

To,
Artha Broking Services Limited
Mumbai

Dear Sir,

Ref: BO ID No. _____

Sub: Declaration stating that all transactions in the account are authentic.

I/We hereby confirm that we have applied for an Account closure cum transfer and that all transactions in the account are authentic

Thanking you

Yours faithfully

Signature of the 1st Holder

Name of the 1st Holder

Signature of the 2nd Holder

Name of the 2nd Holder