



# Multigain Securities Services Pvt. Ltd.

Regd. Office : H-50, Lajpat Nagar, Moradabad - 244001 (U.P.)  
Ph.: +91-591-2490500 / 6456733 / 44 Fax : +91-591-2490400

## ACCOUNT CLOSURE FORM

Application No.		Date									
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,  
**M/s. MULTIGAIN**  
H-50, Lajpat Nagar,  
Moradabad-244001 (U.P.)

Dear Sir / Madam,

I / We the Sold 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 :

<b>Account Holder's Details</b>																	
DP ID	1	2	0	7	0	4	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											
<b>Details of remaining security balances in the account (if any)</b>																	
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	Second Holder	Third Holder
Name			
Signature			

**Depository Participant Seal and Signature**