



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](mailto:issl-dp@issl.co.in)

**ANNEXURE Q**

**APPLICATION FOR CLOSING AN ACCOUNT**

**(For Beneficiary Account only)**

**To,**  
 IL&FS Securities Services Limited  
 IL&FS House, Plot No 14, Raheja Vihar,  
 Chandivali, Andheri East, Mumbai 400 072

**DP ID :IN300095**

|             |   |   |   |   |   |   |   |   |
|-------------|---|---|---|---|---|---|---|---|
| <b>Date</b> | D | D | M | M | Y | Y | Y | Y |
|-------------|---|---|---|---|---|---|---|---|

**1. I / We hereby request you to close my/our account with you as per following details:**

|                       |  |
|-----------------------|--|
| Name of the holder(s) |  |
| Sole/ First Holder    |  |
| 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)**

|   |   |   |                               |   |                               |                               |
|---|---|---|-------------------------------|---|-------------------------------|-------------------------------|
| <input type="checkbox"/> <b>Option A</b> [There are no balances / holdings in this account ]  |   |   |                               |   |                               |                               |
| <input type="checkbox"/> <b>Option B</b>  | <table border="1" style="width: 100%;"> <tr> <td style="width: 40%;"><input type="checkbox"/> Transfer to my / our own account<br/><i>(Provide target account details and enclose Client Master Report of Target Account)</i></td> <td style="width: 60%; text-align: center;"><b>Target Account Details</b></td> </tr> <tr> <td rowspan="2" style="vertical-align: top;"><input type="checkbox"/> Transfer to any other account<br/><i>(Submit duly filled Delivery Instruction Slip signed by all holders)</i></td> <td><input type="checkbox"/> NSDL</td> </tr> <tr> <td><input type="checkbox"/> CDSL</td> </tr> </table> | <input type="checkbox"/> Transfer to my / our own account<br><i>(Provide target account details and enclose Client Master Report of Target Account)</i> | <b>Target Account Details</b> | <input type="checkbox"/> Transfer to any other account<br><i>(Submit duly filled Delivery Instruction Slip signed by all holders)</i> | <input type="checkbox"/> NSDL | <input type="checkbox"/> CDSL |
| <input type="checkbox"/> Transfer to my / our own account<br><i>(Provide target account details and enclose Client Master Report of Target Account)</i>   | <b>Target Account Details</b>   |   |                               |   |                               |                               |
| <input type="checkbox"/> Transfer to any other account<br><i>(Submit duly filled Delivery Instruction Slip signed by all holders)</i>                     | <input type="checkbox"/> NSDL   |   |                               |   |                               |                               |
|   | <input type="checkbox"/> CDSL   |   |                               |   |                               |                               |
| [Transfer the balances / holdings in this account as per details given]   |   |   |                               |   |                               |                               |
| <input type="checkbox"/> <b>Option C</b> [Rematerialise / Reconvert <i>(Submit duly filled Remat / Reconversion Request Form-for mutual fund units)</i> ] |   |   |                               |   |                               |                               |

**5. Signature(s)**

|                     |  |
|---------------------|--|
| 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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |                                   |  |  |  |  |  |  |  |  |  | Client ID <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  |  |  |  |  |  |
|  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name of Sole / First Holder  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name of Second Holder  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name of Third Holder   |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Signature of the Authorised Signatory</b>   | <b>Seal/ Stamp of Participant</b> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Date</b>  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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