

Account Closure Request Form

Application No.		Date												
Closure Initiated by	. BO	. DP	. CDSL											

(To be filled by the BO (in case of BO-initiated closure). Please fill all the details in Block Letters in English)

To,
 Ficus Securities Private Limited
 802, Indra Prakash Building,
 21 Barakhamba Road, C.P.,
 New Delhi-110001
 Ph: 011-47749320-35 Fax: 011- 41519641
 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										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 :														
. partly rematerialised and partly transferred. . Rematerialised														
. Transferred to another account (Number given below) . Not applicable														
DP ID										Client ID				
Balance present in account for (To be filled by DP, if applicable)		. Ear - marked		. Pledged		. Pending for Dematerialisation		. Frozen		. Pending for Rematerialisation		. Lock-in		

DECLARATION: In case of Account Closure due to SHIFTING ACCOUNT:
 I/We declare and confirm that all the transactions in my/our account are true/authentic.

	First / Sole Holder	Second Holder	Third Holder
Name			
Signature *			

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

