



COMPOSITE INVESTMENTS PVT LTD.  
KMK Tower, Ground Floor, #142, K H Double Road, Bangalore - 560027

**Account Closure Request Form**

Trading  Demat  Both Trading and Demat

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

Application No.		Date																		
Closure Initiated by	<input type="checkbox"/> BO	<input type="checkbox"/> DP	<input type="checkbox"/> CDSL																	
Trading Code																				

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:

**Demat Account details:**

DP ID	1	2	0	6	5	2	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 ACCOUNTS:**  
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, Signature(s) of account holder(s) not required.

===== (Please Tear Here) =====

**Acknowledgement Receipt**

**Application No.**

**Date:-**

We hereby acknowledge the receipt of your instruction for Closing the following Account subject to verification:

DP ID – 12065200	Client ID								
Name of the First / Sole Holder									
Name of the Second Holder									
Name of the Third Holder									
Reason for Closure									

**Depository Participant Seal and Signature**

**Instructions to Account Holder(s)**

- Submit a duly-filled RRF if the balances are to be rematerialized.
  - Submit a duly-filled Delivery Instruction Slip [DIS] (off market instruction slip) if the balances are to be transferred to another Account. This requirement is not applicable in the case of “**SHIFTING OF ACCOUNT**”.
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