

ANNEXURE QA
APPLICATION FOR CLOSING AN ACCOUNT
(For Clearing Member Account only)

To,
DP Name:
DP Address:
DP ID:

Date	D	D	M	M	Y	Y	Y	Y
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1. I / We hereby request you to close my/our account with you as per following details

Name of the Clearing Member								
Client ID								
DP ID	I	N						
CM-BP ID								
CC-CM ID								

2. Reason for Closure
(Please tick)

Shifting of Account

Others
(Please specify, _____)

Note for Participant:
In accordance with stipulated procedure for Account Shifting of Clearing Member, if the reason for closure is “Shifting of Account,” Participant must close account in the DPM System only after receipt of confirmation from NSDL

3. Signature(s)

Name of the Authorised Signatories	Signature(s)

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Acknowledgement	
We hereby acknowledge the receipt of the your request for closing the following Account subject to verification:	
DP ID	Client ID
CM-BP-ID	CC-CM-ID
Name of Clearing Member	
Signature of the Authorised Signatory	Seal/ Stamp of Participant
Date	