

Account Closure Request Form

Application No.		Date	D	D	M	M	Y	Y	Y	Y
Closure Initiated by	<input type="checkbox"/> BO <input type="checkbox"/> DP <input type="checkbox"/> CDSL									

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

To,
Bank of Baroda (DP Id – 13018700),
CBODPO, C-34, G Block, BKC, Bandra (E), Mumbai - 51

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 :																							
<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 account 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 *			

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

Acknowledgement Receipt

Application No. _____ **Date :-** _____

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

DP ID												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