

ANNEXURE Q

**APPLICATION FOR CLOSING AN ACCOUNT
(For Beneficiary Account only)**

Date: ___/___/___

To,
 Depository Service Department
 The Kalupur Commercial Co-Operative Bank Ltd.
 DP-ID-IN301321
 "Kalupur Bank Bhavan", Nr. Income Tax Circle,
 Ashram Road, Ahmedabad-380 014.

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)

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4. Please tick the applicable option(s) :

<input type="checkbox"/> Option A [There are no balances / holdings in this account]																																												
<input type="checkbox"/> Option B [Transfer the balances / holdings in this account as per details given]	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">Target Account Details</td> </tr> <tr> <td style="width: 10%;"><input type="checkbox"/> NSDL</td> <td style="width: 10%;">DP ID</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> <tr> <td><input type="checkbox"/> CDSL</td> <td>Client ID</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <p><input type="checkbox"/> Transfer to my / our own account <i>(Provide target account details and enclose Client Master Report of Target Account)</i></p> <p><input type="checkbox"/> Transfer to any other account <i>(Submit duly filled Delivery Instruction Slip signed by all holders)</i></p>	Target Account Details		<input type="checkbox"/> NSDL	DP ID																			<input type="checkbox"/> CDSL	Client ID																			
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<input type="checkbox"/> NSDL	DP ID																																											
<input type="checkbox"/> CDSL	Client ID																																											
<input type="checkbox"/> Option C [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 your request for closing the following Account subject to verification :																			
DP ID <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">I</td><td style="width: 20px; height: 20px;">N</td><td style="width: 20px; height: 20px;">3</td><td style="width: 20px; height: 20px;">0</td><td style="width: 20px; height: 20px;">1</td><td style="width: 20px; height: 20px;">3</td><td style="width: 20px; height: 20px;">2</td><td style="width: 20px; height: 20px;">1</td></tr></table>	I	N	3	0	1	3	2	1	Client ID : <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>										
I	N	3	0	1	3	2	1												
Name of Sole/Fist Holder																			
Name of Second Holder																			
Name of Third Holder																			
Signature of the Authorised Signatory	Seal/Stamp of																		
Date :	The Kalupur Commercial Co-op. Bank Ltd.																		

