

CELEBRUS CAPITAL LIMITED / CELEBRUS COMMODITIES LIMITED
27/540 C, III Floor, EAK Towers, Main Avenue, Panampilly Nagar, Kochi - 682036, Kerala

CLOSURE FORM – TRADING & DEMAT ACCOUNT

Dear Sir / Madam,

I / we the Sole Holder / Joint Holders / Guardian (in case of Minor) / Clearing Member request you to close my / our Demat & Trading account with you from the date of this application. The details of my / our account are given below:

Account Holder's Details												
DP Id	1 2 0 7 5 8 0 0			Client Id				Client Code				
Name of 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 : [Applicable for demat account only]												
<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												
Target DP Id								Target Client Id				
Balance present in a/c for (To be filled by DP, if applicable)				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			<input type="checkbox"/>
Declaration: I / we declare and confirm that I/we have verified all the transactions in my / our Demat & Trading Account, and are found true / authentic.												
Name	First / Sole Holder			Second Holder #			Third Holder #					
Signature *	⊗			⊗			⊗					

Please adhere to instructions given below carefully before submitting the request:

1. Please clear dues in Demat & Trading Account with Celebrus to process this request.
2. Source and Target Demat Account should be identical in Pattern/Sequence of Holders, Address and PAN #.
3. Attach self attested and latest Holding Statement of Source Demat Account #.
4. Attach Client Master Report of the Target Demat Account with Sign & Seal of DP #.
5. Submit a duly-filled Delivery Instruction Slip if the balances are to be transferred to another account #. This requirement is not needed in case of 'Shifting of Account'.
6. To be submitted in duplicate for acknowledgement.

* If DP or CDSL initiates account closure, account holder signature not required.

Requirement applicable only in case of demat account closure.

===== For Head Office Use Only =====

Name of the Official effecting the Shifting / Closure	
Signature of the Official effecting the Shifting / Closure	
Marked for Shifting w.e.f.	