



IL&FS House, Plot No. 14, Raheja Vihar, Chandivali, Andheri East, Mumbai – 400 072  
 Phone:- 42493000 Fax:- 28570948/49 Email Id:- [issl-dp@issl.co.in](mailto:issl-dp@issl.co.in)

**ANNEXURE Q**

**APPLICATION FOR CLOSING AN ACCOUNT**

**(For Beneficiary Account only)**

To,  
 IL&FS Securities Services Limited  
 IL&FS House, Plot No 14, Raheja Vihar,  
 Chandivali, Andheri East, Mumbai 400 072

**DP ID :IN300095**

<b>Date</b>	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 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"/> <b>Option A</b> [There are no balances / holdings in this account ]						
<input type="checkbox"/> <b>Option B</b> [Transfer the balances / holdings in this account as per details given]	<input type="checkbox"/> Transfer to my / our own account <i>(Provide target account details and enclose Client Master Report of Target Account)</i>					
	<input type="checkbox"/> Transfer to any other account <i>(Submit duly filled Delivery Instruction Slip signed by all holders)</i>					
	<table border="1"> <tr> <th colspan="2">Target Account Details</th> </tr> <tr> <td><input type="checkbox"/> NSDL</td> <td>DP ID</td> </tr> <tr> <td><input type="checkbox"/> CDSL</td> <td>Client ID</td> </tr> </table>	Target Account Details		<input type="checkbox"/> NSDL	DP ID	<input type="checkbox"/> CDSL
Target Account Details						
<input type="checkbox"/> NSDL	DP ID					
<input type="checkbox"/> CDSL	Client ID					
<input type="checkbox"/> <b>Option C</b> [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	

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**Acknowledgement**

We hereby acknowledge the receipt of the your request for closing the following Account subject to verification:

DP ID	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											Client ID	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
Name of Sole / First Holder																							
Name of Second Holder																							
Name of Third Holder																							
<b>Signature of the Authorised Signatory</b>			<b>Seal/ Stamp of Participant</b>																				
<b>Date</b>																							

Instructions :- 1. Relevant portion to be filled in 2. Please strike of as N.A. whatever is not applicable