



VCK Share & Stock Broking Services Limited
 Registered Office: 16, India exchange Place, 1st Floor, Kolkata – 700001
 Corporate Office: 10, Wood Street, 3rd Floor, Kolkata -700016
 Mumbai Office: 1, New Marine Lines, Maker Bhavan No. 3, 4th Floor, R. No. 412, Near Income Tax Office, Churchgate, Mumbai – 400 020
 Tel No: 033 4009 9999
 Email: grievance.cell@vckgroup.com

ACCOUNT CLOSURE REQUEST FORM

CDSL DP ID: 12053200

Trading DP Trading & DP

Date: _____

Closure initiated by DP CDSL BO (To be filled by the BO. Please fill all the details in Block Letters in English)

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	1	2	0	5	3	2	0	0	Client ID*										
Name of the First / Sole Holder																			
Name of the Second Holder																			
Name of the Third Holder																			
Correspondence/Permanent Address																			
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 rematerialized and partly transferred. <input type="checkbox"/> Rematerialized																			
<input type="checkbox"/> Transferred to another account (Number given below) <input type="checkbox"/> Not applicable																			
DP ID										Client ID									
Balance present in a/c for (To be filled by DP, if applicable)										<input type="checkbox"/> Ear - marked <input type="checkbox"/> Pledged <input type="checkbox"/> Lock-in <input type="checkbox"/> Pending for Dematerialization <input type="checkbox"/> Pending for rematerialization <input type="checkbox"/> Frozen.									
<small>* If DP or CDSL initiates account closure, Signature(s) of account holder(s) not required. * In cases of transfer cum closure , kindly ensure that the standing instruction is 'Yes' in the transferee's BO a/c.</small>																			

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 Signature	Second Holder Signature	Third Holder Signature
Signature*			

ACCOUNT CLOSURE REQUEST FORM (TRADING)

To,
VCK Share & Stock Broking Services Limited

Dear Sir,

I / We the holder of the trading a/c request you to close my/our account with you from the date of this application. The details of my/our account are given below:

Name of client :	Trading kyc code :
Segments for closure: <input type="checkbox"/> BSE <input type="checkbox"/> NSE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Reasons for closing the account Service issue Shifting to competition Not interested in trading Other ()

Signature of Client

_____ Branch Approval

For Office Use Only

Maker	Checker

Branch Received Stamp

Acknowledgment Receipt

Date: _____

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

DP ID	1	2	0	5	3	2	0	0	Client ID										Trading kyc code :
Name of the First / Sole Holder																			
Name of the Second Holder																			
Name of the Third Holder																			
Reason for Closure																			

Instructions to Account Holder(s): 1. Submit a duly-filled RRF if the balances are to be rematerialized.
 2. Submit a duly-filled transfer form (off market instruction slip) if the balances are to be transferred to another A/c.

Depository Participant Seal and Signature