

Registered office: Unit 1 &amp; 2, 17th Floor, Gift One Tower Road SC, Zone 5, Gift City Gandhinagar - 382355

Correspondence address: Unit No.111, 1st Floor, A-Wing, Boomerang, Near Chandivali Studio, Chandivali Farm Road, Andheri(E), Mumbai - 400072

Contact: 07965081210 | Email: ig@arrow.trade

## ACCOUNT CLOSURE REQUEST FORM

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

Application No.							Date: (DD/MM/YYYY)						
Closure Initiated by:	<input type="checkbox"/> BO <input type="checkbox"/> DP <input type="checkbox"/> CDSL												

To,

**Irage Broking Services LLP**

Unit No.309, Wing-A,3rd Floor, Boomerang, Chandivili Farm Road, Andheri East, Mumbai,400072. Contact: 07965081210

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 First / Sole Holder															
Name of Second Holder															
Name of Third Holder															
Address for Correspondence															
City		State					PIN code								
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"/> Transferred to another account (Number given below) <input type="checkbox"/> Not applicable <input type="checkbox"/> Rematerialized													
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"/> Frozen <input type="checkbox"/> Lock-in <input type="checkbox"/> Pending for Dematerialization <input type="checkbox"/> Pending for Rematerialisation													

**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 Holder	Second Holder	Third Holder
Name			
Signature			

\*If DP or CDSL initiates account closure, Signature(s) of account holder(s) not required.

(PLEASE TEAR HERE)

**Acknowledgement Receipt**

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

Application No.							Date: (DD/MM/YYYY)						
DP ID:							Client ID:						
Name of First / Sole Holder													
Name of Second Holder													
Name of Third Holder													
Reason for Closure													

**Instructions to Account Holder(s)**

Submit a duly-filled RRF if the balances are to be rematerialized.

Submit a duly-filled Delivery Instruction Slip [DIS] (off market instruction slip) if the balances are to be transferred to another Account.

This requirement is not applicable in the case of "SHIFTING OF ACCOUNT".

**Depository Participant Seal and Signature**