Account Closure Request Form

Application No.		Date									
Closure Initiated by	θ BO θ DP θ CDSL										

(To be filled by the BO. Please fill all the details in **Block Letters** in English)

ADWEALTH STOCK BROKING PRIVATE LIMITED

(Formerly Known as Avon Management Private Limited)

Corp. & Regd. Office:
16 STRAND ROAD,FAIRLIE PLACE,
5TH FLOOR, ROOM NO-507, BBD BAGH.
KOLKATA-700001, WEST BENGAL
Phone:- (033) 40302999
Email id: avonmanagement@gmail.com CIN-U74140WB1994PTC062485

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 the 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 :	
θ partly rematerialised and partly transferred.	θ Rematerialised
θ Transferred to another account (Number given below)	θ Not applicable

DP ID								Client ID								

Balance present in a/c for (To be filled by DP, if applicable)	θ Ear - marked θ Pledged θ Pending for Dematerialisation θ Frozen. θ Pending for Rematerialisation θ Lock-in.

DECLARATION : IN Case of Account Closure due to SHIFTING OF ACCOUNT :
I/We declare and confirm that all the transaction in my/our demat account are true / authentic.

	First / Sole Holder	Second Holder	Third Holder
Name			
Signature *			

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

==============================(Please Tear Hear)==============================

Acknowledgement Receipt

Application No.   **Date :-**

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

DP ID								Client ID								
Name of the First / Sole Holder																
Name of the Second Holder																
Name of the Third Holder																
Reason for Closure																

Depository Participant Seal and Signature

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 balance are to be
- ○ transferred to another Account. This requirement is not applicable in the case of **"SHIFTING OF ACCOUNT"**