

INVENTURE GROWTH & SECURITIES LTD.

Reg. Office: 201, Viraj Tower, Nr. Landmark, Western Express Highway, Andheri(E) Mumbai-400 069.

DP ID:- 11200

Account Closure Request Form

Application No.		Date																		
Closure Initiated by	<input type="checkbox"/> BO	<input type="checkbox"/> DP	<input type="checkbox"/> CDSL																	

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

To,

Depository Participant Name : - INVENTURE GROWTH & SECURITIES LIMITED.

Address: 201, Viraj Tower, Nr. Landmark,
Western Express Highway,
Andheri (E), Mumbai- 400 069.

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	1	1	2	0			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 :																				
<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										
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"/> Pending for Dematerialisation					<input type="checkbox"/> Frozen.					
										<input type="checkbox"/> Pending for Rematerialisation					<input type="checkbox"/> 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 Here)=====

Acknowledgement Receipt

Application No. **Date :-**

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

DP ID	1	2	0	1	1	2	0			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)

- o Submit a dully-filled up RRF if the balances are to be rematerialized.
- o Submit a duly filled up transfer form (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".