

APPLICATION FOR CLOSING DEMAT ACCOUNT

(For Beneficiary Account only)

| Depos 4th Fla Airoli | Bank Ltd., itory Services, Gigaplex, I por, Plot no. I.T.5, MIDC, A i , Navi Mumbai – 4007 erations@axisbank.com | Airoli Knowledge Park | | Date: | |
|---|--|--|--------------------|---|--|
| l/We ł | hereby request you to cl | ose my/our account with you as pe | er following detai | ls: | |
| DP ID | : I N 3 | 0 0 4 8 4 | Client ID: | | |
| 1) | Please tick the appli | cable option(s) | | | |
| Option A [There are no balances/holdings in this account] | | | | | |
| | Option B | | | | |
| | | | ccount Details | | |
| | balances / holdings in this account as per | account (Provide target account details and enclose Client | NSDL | DP ID | |
| | details given] | Master Report of Target Account) Transfer to any other | | Client ID | |
| | | account (submit duly filled Delivery Instruction Slip signed by all holders) | | | |
| | Option C [Remateriali | <u> </u> | d Remat/Recon | version Request Form-for mutual fund units)] | |
| 2) | | Accounts 🗌 Shifting to a ne | w location whe | For closing the Demat Account) ere Axis Bank is not present e specify) | |
| 3) | Confirmation for delivery instruction slips I/We confirm to have surrendered all unutilized delivery instruction slips I/We confirm to have exhausted / misplaced all delivery instruction slips | | | | |
| 4) | 4) Mode of payment for outstanding dues (if any) Cash Payment | | | | |
| | Please debit my | Axis Bank SB A/c No. | | | |
| | for recovery of n | ny pending dues against my de | mat account. | | |
| | Signatures(s) (as per t | he Bank A/c) | | | |
| | | | | Signature (with seal of the branch) | |
| | (First/Sole Holder) | (Second Holder) | (Third Holder) | | |
| | | Name(s) (as per the De | mat A/c) | Signatures(s) (as per the Demat A/c) | |
| | (Sole/First Holder) | | | | |
| | (Second Holder) | | | | |
| | (Third Holder) | | | | |

Instructions: 1. Relevant portions to be filled in. 2. Please strike off as N.A. whatever is not applicable. To be submitted in duplicate.



Checklist (To be filled in by Axis Bank Officials)

| I confirm having checked all the below mentioned points for the Client ID: | | | | |
|--|--|--|--|--|
| Name of the beneficiary owner(s) match with the DP system. | | | | |
| Signature(s) of the beneficiary owner(s) match with the DP system. | | | | |
| Copy of PAN Card / Proof of Identity / Proof of Address collected for suspended Demat Account | | | | |
| (if applicable). | | | | |
| No holding exists in the Demat Account / in case of holding target Demat Account Details mentioned | | | | |
| on the Demat Account closure request. | | | | |
| All pending dues have been recovered by:- | | | | |
| Direct debit | | | | |
| Bank a/c no debited | | | | |
| Transaction ID Date: | | | | |
| Cash Payment | | | | |
| Bank a/c no credited | | | | |
| Transaction ID Date: | | | | |
| | | | | |
| Date: | | | | |
| Signature | | | | |
| (with seal of the branch) | | | | |
| | | | | |
| Name of the official | | | | |
| Employee Number | | | | |
| Sol ID | | | | |