



Varun Capital Services Limited

DPID : 12050700 DP SEBI Regn. No. IN-DP-CDSL-409-2007
 F-301, IIIrd Floor, Ashish-3, Central Market, Surajmal Vihar, Delhi-92
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ACCOUNT CLOSURE FORM

Application No.							Date	D	D	M	M	Y	Y	P	Y
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)

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 accout are given below :

Account Holder's Details

DP ID	1	2	0	5	0	7	0	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	<input type="checkbox"/> Earmarked	<input type="checkbox"/> Pledged															
(To be filled by DP, if applicable)	<input type="checkbox"/> Pending for Dematerialisation	<input type="checkbox"/> Frozen															
	<input type="checkbox"/> Pending for Rematerialisation	<input type="checkbox"/> Lock-in															

IN CASE OF JOINT HOLDING/ACCOUNT ALL JOINT HOLDERS MUST SIGN

	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 your instruction for Closing the following Account subject to verification :-

DP ID	1	2	0	5	0	7	0	0	Client ID								
Name of the First / Sole Holder																	
Name of the Second Holder																	
Name of the Third Holder																	
Reason for Closure																	

Instructions to Account Holder(s)

- Submit a duly filled up RRF if the balances are to be rematerialised.
- Submit a duly filled up transfer form (off market instruction slip) if the balances are to be transferred to another A/c.

Depository Participant Seal and Signature