

Account Closure Request Form

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

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

To,
Bank of Baroda (DP Id – 13018700),
CBODPO, C-34, G Block, BKC, Bandra (E), Mumbai - 51

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													
Name of the First / Sole Holder								Client ID					
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													
Balance present in account 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 transactions 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											
Name of the First / Sole Holder								Client ID			
Name of the Second Holder											
Name of the Third Holder											
Reason for Closure											

Depository Participant Seal and Signature