

ANNEXURE Q

**APPLICATION FOR CLOSING AN ACCOUNT
(For Beneficiary Account only)**

To

**HARIHAR SECURITIES PVT LTD
268 A B. B. GANGULY STREET
4TH FLOOR, KOLKATA 700012
DP ID: IN304029**

Date	D	D	M	M	Y	Y	Y	Y
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1. I / We hereby request you to close my/our account with you as per following details:

Name of the holder(s)	
Sole/ First Holder	
Second Holder	
Third Holder	

2. Reason/s for Closure of depository account: _____

3. Client ID (of account to be closed)

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4. Please tick the applicable option(s)

<input type="checkbox"/> Option A [There are no balances / holdings in this account]										
<input type="checkbox"/> Option B [Transfer the balances / holdings in this account as per details given]	<input type="checkbox"/> Transfer to my / our own account (Provide target account details and enclose Client Master Report of Target Account)									
	<input type="checkbox"/> Transfer to any other account (Submit duly filled Delivery Instruction Slip signed by all holders)									
	Target Account Details									
<input type="checkbox"/> NSDL	DP ID <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									
<input type="checkbox"/> CDSL	Client ID <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									
<input type="checkbox"/> Option C [Rematerialise / Reconvert (Submit duly filled Remat / Reconversion Request Form-for mutual fund units)]										

5. Signature(s)

Sole / First Holder	
Second Holder	
Third Holder	

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We hereby acknowledge the receipt of the your request for closing the following Account subject to verification:																			
DP ID <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										Client ID <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									
Name of Sole / First Holder																			
Name of Second Holder																			
Name of Third Holder																			
Signature of the Authorised Signatory	Seal/ Stamp of Participant																		
Date																			