ANNEXURE Q

APPLICATION FOR CLOSING AN ACCOUNT (For Beneficiary Account only)

To,				Date								
Coimbatore Capital Limited								<u> </u>				
COINDIA Building, Ist Floor, North- East of Airport Signa												
Civil Aero Post, Coimbatore												
DP ID : IN300175 1. I / We hereby requ	uest vou to clo	se my/our acc	rount with	vou as ne	er followi	ino da	etails					
1, 1, we hereby requ			ne of the ho			<u></u>		•				
Colo / Finat Holdon		Ivai	ile of the ile									
Sole/ First Holder												
Second Holder												
Third Holder												
	4.1											
2. Reason/s for Closure	e of depository	account:						-				
3. Client ID (of account t					T		\neg					
5. Cheft ib (of account t	to be closed)		ļ									
4. Please tick the app	plicable option	n(s)										
Option A [There are	no balances / l	noldings in this	account]									
Option B T						t Acc	ount	Dotail				
	Target Account Detail											
Transfer the according balances / (Pr												
balances / (Provide target account details holdings in and enclose Client Master			■NSDL	DP								
this account Report of Target Account)				Client								
as per details Transfer to any other account given (Submit duly filled Delivery				Client								
Instruction Slip signed by all			CDSL	Id								
hol							<u></u>					
Option C [Remater	ialise / Reconv	ert (Submit dul	y filled Rem	at / Recor	iversion R	eques	st For	m-for mเ	ıtual f	und u	nits)	<u>] </u>
5. Signature(s)												
Sole / First Holder												
Second Holder												
Third Holder												
=======	======	======	=====	=====	====	= == :	= = =	====	== = =	:===	= = =	
			Acknowl	edgemen	t							
We hereby acknowledge t	the receipt of th	ne your request	for closing	the follow	ving Acco	unt sı	ubjec	t to verif	icatio	n:		
DP ID IN300175 C		Client ID										
Name of Sole / First Holder												
Name of Second Holder												
Name of Third Holder												
Signature of the Authori						Seal/ Stamp of Participant						
Date												