

ANNEXURE Q

**Application for Closing an Account
(For Beneficiary Account only)**

To
Coimbatore Capital Limited
COINDIA Building,
342, Peelamedu - Avarampalayam Road,
Coimbatore – 641 006.
Phone : 0422 - 2626771 -75
DP ID : IN300175

Date

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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 <i>(Provide target account details and enclose Client Master Report of Target Account)</i>	Target Account Details
	<input type="checkbox"/> Transfer to any other account <i>(Submit duly filled Delivery Instruction Slip signed by all holders)</i>	
<input type="checkbox"/> Option C [Rematerialise / Reconert (Submit duly filled Remat / Reconversion Request Form - for mutual fund units)]		

5. Signature(s)

Sole / First Holder	
Second Holder	
Third Holder	

Acknowledgment

We hereby acknowledge the receipt of your request for closing the following Account subject to verification	
DP ID IN300175	Client ID
Name of Sole / First Holder	
Name of Second Holder	
Name of Third Holder	
Signature of the Authorised Signatory	Seal / Stamp of Participant
Date :	