

## ANNEXURE Q

APPLICATION FOR CLOSING AN ACCOUNT  
( For Beneficiary Account only)**JYOTI BROKING PVT. LTD.**

Member : NSE, BSE, NCDEX &amp; MCX, ICEX, MCX-SX

Depository Participant : NSDL (DP ID : IN302050)

Corp. Office : B-78, 3rd Floor, Defence Colony, New Delhi-110024 (INDIA)

Phone. : +91-11-4605 9451 / 52 / 53 Fax : +91-11-24337131, 46059454

E-mail : demat@jyotiportfolio.com

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]	<div style="display: flex;"> <div style="flex: 1;"> <input type="checkbox"/> Transfer to my / our own account  <i>(Provide target account details and enclose Client Master Report of Target Account)</i> </div> <div style="flex: 1;"> <input type="checkbox"/> Transfer to any other account  <i>(Submit duly filled Delivery Instruction Slip signed by all holders)</i> </div> </div>																													
<table border="1" style="width: 100%;"> <tr> <th colspan="2"></th> <th colspan="8">Target Account Details</th> </tr> <tr> <td rowspan="2"> <input type="checkbox"/> NSDL   <input type="checkbox"/> CDSL         </td> <td>DP ID</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Client ID</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>				Target Account Details								<input type="checkbox"/> NSDL  <input type="checkbox"/> CDSL	DP ID									Client ID								
		Target Account Details																												
<input type="checkbox"/> NSDL  <input type="checkbox"/> CDSL	DP ID																													
	Client ID																													
<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	

## =====

**Acknowledgement**

We hereby acknowledge the receipt of the your request for closing the following Account subject to verification:

DP ID								Client ID								
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Name of Sole / First Holder	
Name of Second Holder	
Name of Third Holder	

Signature of the Authorised Signatory	Seal/ Stamp of Participant
Date	