

**WIINANCE FINANCIAL SERVICES PVT. LTD.**

701 CTS- E/859 B- 2, Embassy Chamber,
3rd Road Khar (W), Opp Simran Plaza, Mumbai 400052
Tel No. 022 69006006/13. E-mail ID: dp@winance.com, DP ID – 12083500

Account Closure Request

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,
WIINANCE FINANCIAL SERVICES PVT. LTD.
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	1	2	0	8	3	5	0	0	Client ID	
UCC Code / Client Code										
Segments to be closed <input type="checkbox"/> All <input type="checkbox"/> Cash <input type="checkbox"/> Derivative <input type="checkbox"/> Currency Derivative										
Name of the First / Sole Holder										
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 rematerialized and partly transferred. <input type="checkbox"/> Rematerialized										
<input type="checkbox"/> Transferred to another account (Number given below) <input type="checkbox"/> Not applicable										
DP ID										
Client 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 Dematerialization <input type="checkbox"/> Frozen <input type="checkbox"/> Pending for Rematerialization <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. Maker : Checker:

=====(Please Tear Hear)=====

Acknowledgement Receipt Application No. Date :-

We hereby acknowledge the receipt of the your instruction for Closing the following Account subject to verification: -

DP ID	1	2	0	8	3	5	0	0	Client ID	
Common Client Code										
Segments to be closed <input type="checkbox"/> All <input type="checkbox"/> Cash <input type="checkbox"/> Derivative <input type="checkbox"/> Currency Derivative										
Name of the First / Sole Holder										
Name of the Second Holder										
Name of the Third Holder										
Reason for Closure										

Depository Participant Seal and Signature**Instructions to Account Holder(s)**

- o Submit a duly-filled RRF if the balances are to be rematerialized.
- o Submit a duly-filled Delivery Instruction Slip [DIS] (off market instruction slip) if the balances are to be transferred to another Account. This requirement is not applicable in the case of "SHIFTING OF ACCOUNT".