

NJ India Invest Private Limited

DP of Central Depository Services (India) Limited

Block No. 901 & 902, 6th Floor, 'B' Tower, Udhna Udyog Nagar Sangh Commercial Complex, Central Road No. 10, Udhna, Surat - 394 210, Gujarat, India Contact No.: 0261 3985500 Email: dpservices@njindiainvest.com Website: www.njindiainvest.com CIN: U67120GJ2000PTC037674

BSE - SEBI Registration No: INB011360535 NSE - SEBI Registration No: INB231360539 CSDL - SEBI Registration No: IN-DP-14-2015



Account Closure Request Form

Application No. *Date: DDMMYYYYY
Closure Initiated by BO DP CDSL (To be filled by the BO (in case of BO-initiated closure). Please fill all the details in Block Letters in English)
To, NJ IndiaInvest Pvt. Ltd., Block No.901 & 902, 6th Floor, 'B' Tower, Udhna Udyog Nagar Sangh Commercial Complex, Central Road No. 10, Udhna, Surat - 394210, Gujarat, India.
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 6 4 2 0 0 Client ID:
Name of the First/Sole Holder:
Name of the Second Holder:
Name of the Third Holder:
Correspondence Address:
City:
State: Pin/Zip Code:
Details of remaining security balances in the account (if any)
Reasons for Closing the Account:
Balance remaining in the account (if any) to be: Partly Rematerialised and Partly Transferred Rematerialised
Transferred to another account (Number given below) Not applicable
DP ID: Client ID: Salance present in account for (To be filled by DP, if applicable):
Ear - marked Pending for Dematerialisation Pending for Rematerialisation Pledged Frozen 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.
Account Closure Request Form (Trading)
To, NJ Indialnvest Pvt. Ltd.,
Dear Sir / Madam, I / We the holder of the trading account request you to close my / our account with you from the date of this application. The details of my/our account are given below.
Name of client: UCC No.:
Distributor Name: Distributor Code.:
Branch Name: Segments for closure: BSE NSE
Signature of Client Distributor Signature
(Please Tear Here)
Acknowledgement Receipt Application No. Date: DDMMYYYYY
We hereby acknowledge the receipt of the your instruction for Closing the following Account subject to verification:
DP ID: 1 2 0 6 4 2 0 0 Client ID: UCC No.:
Name of the First / Sole Holder:
Name of the Second Holder:
Name of the Third Holder:
Reason for Closure:
Instructions to Account Holder(s) Depository Participant Seal and Signature
Submit a duly-filled RRF if the balances are to be rematerialized.
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".