

**ANNEXURE Q**  
**APPLICATION FOR CLOSING AN ACCOUNT**  
**( For Beneficiary Account only)**

To,  
**Abhipra Capital Ltd.**  
 Abhipra Complex, A-387  
 Dilkush Industrial Area, G.T. Karnal Road  
 Azadpur, Delhi-110033  
 DP ID : IN300206

Date									
	D	D	M	M	Y	Y	Y	Y	Y

Contact No. :  
 42390909, 42390758

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"/> <b>Option A</b> (There are no balances / holdings in this account )									
<input type="checkbox"/> <b>Option B</b> (Transfer the balances / holdings in this account as per details given )	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"><input type="checkbox"/> Transfer to my / our own account <i>(Provide target account details and enclose Client Master Report of Target Account)</i></td> <td colspan="2" style="text-align: center;"><b>Target Account Details</b></td> </tr> <tr> <td rowspan="2" style="vertical-align: top;"><input type="checkbox"/> Transfer to any other account <i>(Submit duly filled delivery Instruction Slip signed by all holders)</i></td> <td style="width: 10%;"><input type="checkbox"/> NSDL</td> <td style="width: 10%;">DP ID</td> </tr> <tr> <td><input type="checkbox"/> CDSL</td> <td>Client ID</td> </tr> </table>	<input type="checkbox"/> Transfer to my / our own account <i>(Provide target account details and enclose Client Master Report of Target Account)</i>	<b>Target Account Details</b>		<input type="checkbox"/> Transfer to any other account <i>(Submit duly filled delivery Instruction Slip signed by all holders)</i>	<input type="checkbox"/> NSDL	DP ID	<input type="checkbox"/> CDSL	Client ID
<input type="checkbox"/> Transfer to my / our own account <i>(Provide target account details and enclose Client Master Report of Target Account)</i>	<b>Target Account Details</b>								
<input type="checkbox"/> Transfer to any other account <i>(Submit duly filled delivery Instruction Slip signed by all holders)</i>	<input type="checkbox"/> NSDL	DP ID							
	<input type="checkbox"/> CDSL	Client ID							
<input type="checkbox"/> <b>Option C</b> ( 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 your request for closing the following Account subject to verification :

DP ID		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			