

# MyMoney™

## SECURITIES LIMITED

Regd Office : 10- A UNDER HILL LANE  
 CIVIL LINES DELHI – 110054  
 PHONE NO – 011-47087300/23985515  
 EMAIL: DEMAT.MYMONEY@GMAIL.COM

### Account Closure Request Form

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. Please fill all the details in **Block Letters** in English)

To,  
 My Money Securities Limited  
**CDSL DP – ID : 12087100**  
 Regd. Office : 10-A, Under Hill Lane,  
 Civil Lines, Delhi-110054  
 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	7	1	0	0	Client ID			
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 rematerialised and partly transferred.	<input type="checkbox"/> Rematerialised
<input type="checkbox"/> Transferred to another account (Number given below)	<input type="checkbox"/> Not applicable
DP ID	Client ID
Balance present in a/c for (To be filled by DP, if applicable)	<input type="checkbox"/> Ear - marked <input type="checkbox"/> Pledged <input type="checkbox"/> Pending for Dematerialisation <input type="checkbox"/> Frozen. <input type="checkbox"/> Pending for Rematerialisation <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.

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

#### Acknowledgement Receipt

**Application No.**

**Date:-**

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

DP ID		Client ID	
Name of the First / Sole Holder			
Name of the Second Holder			
Name of the Third Holder			
Reason for Closure			

**Depository Participant Seal and Signature**