**CDBL Bye Laws** Form 05 - 1

## CDBL Account Closing Form Bye Law 7.7.1 Please fill in all the details in CAPITAL letter

Please fill in all the details in CAPITAL letters			
Application No.	Date		V V V V
To (Depository Participant Name)  S H A R P S E C U R I T I E S L T D  I/We, the Sole Holder / Joint Holders / Guardian (in case of minors) / Clearing Member request you to close my / our Depository Account with you. The details of my / our account are as indicated below:			
Account Holder's Details			
Account ID			
Name of Account Holder			
Name of Second Account Holder			
Name of Third Account Holder			
Traine of Tillid Account Folder			
Closure Details			
Reason for Closure of Account			
Details of Remaining Security Balances in the Account (if any)			
Whether to be partly rematerialized and partly transferred: YES NO			
To be rematerialized: YES NO To be Transferred to another Ac	count:	YES	NO
Whether any of the following is Applicable (To be filled by DP): Ear-marked	Ple	edged	Frozen
Name of Account Holder/s		Signature/s	
Authorized Signature of Depository Participant	S	Seal of CDBL Part	ticipant