



## Account Closure Form

|                      |    |    |      |      |   |   |   |   |   |   |   |   |
|----------------------|----|----|------|------|---|---|---|---|---|---|---|---|
| Application No.      |    |    |      | Date | D | D | M | M | Y | Y | Y | Y |
| Closure Initiated by | BO | DP | CDSL |      |   |   |   |   |   |   |   |   |

(To be filled by the BO. Please fill all the details in **Block Letters** in English)

To **SMC Global Securities Limited**  
**8B & 9B Netaji Subhash Marg,**  
**Daryaganj, Delhi – 110 002**

To **Moneywise Finvest Limited (Stoxkart)**  
**11/6B Shanti Chamber**  
**Pusa Road, New Delhi-110005**

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:

- **Please close Demat account ONLY**
  - **Please close Trading account ONLY (Stoxkart)**
  - **Please close Demat and Trading account BOTH**
- (Please tick the appropriate option)**

|  |   |   |   |   |   |  |  |                                   |  |  |  |  |  |
|--|---|---|---|---|---|--|--|-----------------------------------|--|--|--|--|--|
| <b>Account Holder's Details</b>  |   |   |   |   |   |  |  |                                   |  |  |  |  |  |
| <b>DP ID</b>   | 1 | 2 | 0 | 1 | 9 | 1  |  |                                   |  |  |  |  |  |
| <b>Trading Code</b>  |   |   |   |   |   |  |  |                                   |  |  |  |  |  |
| Name of the First / Sole Holder  |   |   |   |   |   |  |  |                                   |  |  |  |  |  |
| Name of the Second Holder  |   |   |   |   |   |  |  |                                   |  |  |  |  |  |
| Name of the Third Holder   |   |   |   |   |   |  |  |                                   |  |  |  |  |  |
| Address for Correspondence   |   |   |   |   |   |  |  |                                   |  |  |  |  |  |
| City   |   |   |   |   |   | State  |  | PIN                               |  |  |  |  |  |
| <b>Details of remaining security balances in the demat account (if any)</b>  |   |   |   |   |   |  |  |                                   |  |  |  |  |  |
| Reasons for Closing the Account  |   |   |   |   |   |  |  |                                   |  |  |  |  |  |
| Balance remaining in the Demat account (if any) to be :                      |   |   |   |   |   |  |  |                                   |  |  |  |  |  |
| <input type="checkbox"/> partly rematerialised and partly transferred.       |   |   |   |   |   | Rematerialised   |  |                                   |  |  |  |  |  |
| <input type="checkbox"/> Transferred to another account (Number given below) |   |   |   |   |   | Not applicable   |  |                                   |  |  |  |  |  |
| <b>DP ID</b>   |   |   |   |   |   |  |  |                                   |  |  |  |  |  |
| Balance present in demat a/c for<br>(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.

|           | <b>First / Sole Holder</b> | <b>Second Holder<br/>(In case of joint DP account)</b> | <b>Third Holder<br/>(In case of joint DP account)</b> |
|-----------|----------------------------|--|---|
| Name      |                            |  |   |
| Signature |                            |  |   |

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



### Acknowledgement Receipt



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

|                                 |   |   |   |   |   |                             |  |                                  |  |                               |  |  |  |
|---------------------------------|---|---|---|---|---|-----------------------------|--|----------------------------------|--|-------------------------------|--|--|--|
| <b>DP ID</b>                    | 1 | 2 | 0 | 1 | 9 | 1                           |  |                                  |  |                               |  |  |  |
| <b>Trading Code</b>             |   |   |   |   |   |                             |  |                                  |  |                               |  |  |  |
| Name of the First / Sole Holder |   |   |   |   |   |                             |  |                                  |  |                               |  |  |  |
| Name of the Second Holder       |   |   |   |   |   |                             |  |                                  |  |                               |  |  |  |
| Name of the Third Holder        |   |   |   |   |   |                             |  |                                  |  |                               |  |  |  |
| Reason for Closure              |   |   |   |   |   |                             |  |                                  |  |                               |  |  |  |
| Closure requested for           |   |   |   |   |   | <input type="checkbox"/> DP |  | <input type="checkbox"/> Trading |  | <input type="checkbox"/> Both |  |  |  |

**Date :-**

**Auth. Signature & Seal of Company**

**Instructions to Account Holder(s)**

- Submit a dully-filled up RRF if the balances in demat account are to be rematerialized.
- Submit a duly filled up transfer form (off market instruction slip) if the balances in demat account are to be transferred to another A/c. This requirement is not applicable in case of 'Shifting of Account'.