Account Closure Form

To, SW Capital Private Limited 4_{th} Floor, Sunteck Centre, 37-40, Subhash Road, Vile Parle(E), Mumbai-400057 Tel No: 022-42687452 Fax No: 022-42687436 cdsl@swcapital.in

oplication No: SWC/C/	cation No: SWC/C/					Date:												
ear Sir / Madam,																		
We the Sole Holder / Joint Holders / s application. The details of my/our a					/ Clearir	ng Mem	ber red	quest yo	u to close	e my /	our fo	llowing a	ccount v	vith y	ou fro	m the d	ate of	
Closure Initiated by] во				П	DP					CDSL						
OP ID	1	2	Το	3	T 6	T 3	0	0	Clien	t ID		TODGE					T	
Name of First / Sole Holder				-	1.	1		-	-				- 2	_	_	-	1	-
Name of Second Holder	-																	
Name of Third Holder	<u> </u>																	
Name of Trading Account Holder	8											7						
Frading Code												Branch	Т					
												Code						
Address for correspondence		Class	Dath	Tradias	and DD		ant man	tioned s	hava									
Action to be taken	☐ Close Both Trading and DP Account mentioned above ☐ Close Demat Account No. mentioned above ☐ Suspend Trading a/c mentioned above with effect from(DD/MM/YY)*																	
Reason(s) for Temporarily Suspending/Closing of the Account																		
ncase of account closure Balance remaining in the account to be (If any)	Partly rematerialized and partly transferred. Transferred to another account (Number given below). Rematerialized. # Not applicable.																	
Incase of account closure - Balances to be transferred to my/our following account with	DP Name																	
	DP I																- 2	
	Clie	nt ID								1								
Balance present in a/c for	0.							☐ Ear - marked ☐ Pledged										
To be tricked by DP, if applicable)						☐ Pending for Dematerialisation ☐ Frozen. ☐ Pending for Rematerialisation ☐ Lock-in												
structions: Please clear all outstanding dues bef All un used DIS (if any) needs to be s Relevant portions to be filled in.	ore subr submitte	nitting d while	this fo	ng your l	Demat <i>F</i>			WCPL.										

- 7. Incase the account is in the name of a corporate body, please submit Board of Resolution duly signed by the Authorized Signatory along with Company Stamp.

 8. Incase of transfer cum closure, we require the "Target DP crystal client master with original stamp" for transferring of shares.

 9. In case of transfer cum closure, for joint accounts the sequence of name should be the same in the target DP as well

 10. 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/Transfer cum account closure request.

 #Submit a duly-filled RRF if the balances are to be rematerialized.

 *i) If you want to deactivate/reactivate your Demat account as well, then please submit a duly filled & signed Freeze/Unfreeze request form.

 ii) If you want to close your Margin Demat Account as well, then please submit a duly filled & signed MTF Cancellation Form.

 iii) Please note that trading account shall be reactivated only on the submission of duly filled & signed Account Reactivation Form.

First/Sol	le Holder	ed account are true and authentic by Me/Us in Second Holder	Third Holder
ame			
gnature s per DP)			
gnature s per Trading)			
or Office Use Only:			'
eceived By:	Checked By:	Verified By:	Approved By: