



APPLICATION FOR CLOSING AN ACCOUNT
(For Beneficiary Account and Trading Account)

Date: _____

1. I/We hereby request you to close my /our account with you as per following details:

Holder	Name of Holder
Sole/First Holder	
Second Holder	
Third Holder	

DO YOU HAVE PMS ACCOUNT WITH US : ☐ YES ☐ NO

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"/> Option A (There are no balances / holding in this account)																											
<input type="checkbox"/> Option B (Transfer the balance / holdings in this account as per details given)	<table><tr><td><input type="checkbox"/> Transfer to my / our own account (provide target account details and enclose Client Master Report of Target Account)</td><td>Target Account Details</td></tr><tr><td><input type="checkbox"/> Transfer to any other account (Submit duly filled Delivery Instruction Slip Signed by allholders)</td><td><table><tr><td><input type="checkbox"/> NSDL</td><td><input type="checkbox"/> CDSL</td></tr><tr><td>DP ID</td><td><table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></td></tr><tr><td>Client ID</td><td><table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></td></tr></table></td></tr></table>	<input type="checkbox"/> Transfer to my / our own account (provide target account details and enclose Client Master Report of Target Account)	Target Account Details	<input type="checkbox"/> Transfer to any other account (Submit duly filled Delivery Instruction Slip Signed by allholders)	<table><tr><td><input type="checkbox"/> NSDL</td><td><input type="checkbox"/> CDSL</td></tr><tr><td>DP ID</td><td><table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></td></tr><tr><td>Client ID</td><td><table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></td></tr></table>	<input type="checkbox"/> NSDL	<input type="checkbox"/> CDSL	DP ID	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									Client ID	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
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<input type="checkbox"/> Option C Rematerialise / Reconvert (Submit duly filled Remat / Reconversion Request from—for mutual fund units)																											

TRADING A/C NO.	HOLDER NAME

5. Signature(s)

Holder	Signature
Sole/First Holder	
Second Holder	
Third Holder	

Received by	Entered by	Authorised by

Ledger Balance _____ DR/CR LAST TRANSACTION DATE _____

As on _____



APPLICATION FOR WITHDRAWAL OF POWER OF ATTORNEY

From,

Date : ____ / ____ / ____

To,

JK SECURITIES PRIVATE LIMITED

Opp. People's Bank Park,

Sardar Gunj Road,

Anand - 388 001

Subject : Withdrawal of Power of Attorney

Respected Sir/Ma'am,

I/We request you to withdraw of the Power of Attorney given to you for the purpose of Auto Pay-in facility with effect from _____ (date from which you want to withdraw the POA). I/We request you to withdraw the said POA due to _____
(Reason for withdrawal).

The details of my account are as below.

DP ID	Depository Account Number	Trading Account Number

Name of 1st Holder : _____ Signature : _____

Name of 2nd Holder : _____ Signature : _____

Name of 3rd Holder : _____ Signature : _____

ACKNOWLEDGEMENT

Received an application from Mr./Ms. _____ for
the withdrawal of Power of Attorney.

DP ID : **IN 300636**

Client ID : _____

Date : ____ / ____ / ____

Participant's Stamp (with Signature & Date)