

ANNEXURE QA
APPLICATION FOR CLOSING AN ACCOUNT
(For Clearing Member Account only)

DATE:- _____

DPID :- IN300118

ALANKIT ASSIGNMENTS LTD

1E/13, FIRST FLOOR, JHANDEWALAN EXTN, NEW DELHI - 110055

E-mail:- arvinds@alankit.com;info@alankit.com

Manager DP Settlement:- Mr. Arvind Srivastav (Mobile) 9899013952 (D)011-42541807 Ext:- 807

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

| | | | | | | | | |
|------------------------------------|----------|----------|--|--|--|--|--|--|
| Name of the Clearing Member | | | | | | | | |
| Client ID | | | | | | | | |
| DP ID | I | N | | | | | | |
| CM-BP ID | I | N | | | | | | |
| CC-CM ID | | | | | | | | |

2. Reason for Closure
(Please tick)

Shifting of Account

Others

(Please specify, _____)

Note for Participant:

In accordance with stipulated procedure for Account Shifting of Clearing Member, if the reason for closure is "Shifting of Account," Participant must close account in the DPM System only after receipt of confirmation from NSDL

3. Signature(s)

| Name of the Authorised Signatories | Signature(s) |
|---|---------------------|
| | |
| | |
| | |

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Acknowledgement

We hereby acknowledge the receipt of your request for closing the following Account subject to verification:

| | | | | | | | | | | | | | | | | |
|--|----|---|---|---|---|---|---|---|-----------|--|--|--|-----------------------------------|--|--|--|
| DP ID | I | N | 3 | 0 | 0 | 1 | 1 | 8 | Client ID | | | | | | | |
| CM-BP-ID | IN | | | | | | | | CC-CM-ID | | | | | | | |
| Name of Clearing Member _____ | | | | | | | | | | | | | | | | |
| Signature of the Authorised Signatory | | | | | | | | | | | | | Seal/ Stamp of Participant | | | |
| Date | | | | | | | | | | | | | | | | |