

## ANNEXURE Q

Date

## APPLICATION FOR CLOSING AN ACCOUNT (For Beneficiary Account only)

**Alankit ASSIGNMENTS LIMITED**

To,

DP ID :- IN300118

1E/13, Ground Floor, Jhandewalan Extn.,  
New Delhi-110055 (INDIA)  
E-mail : info@alankit.com  
Manager DP Operation Ms Asha Khanna  
(Mobile) 9582200543  
(D No.) 011-42541899 Ext.-899  
E-mail ID :- ashak@alankit.com

DP ID :- IN301160

201-203, K.J. City Tower, Ashok Marg 'C' Scheme, Jaipur 302001  
Tel.: 0141-4139311-1314-15, Fax: 0141-2374535  
0141-2374531-33,041-4193311, 14, 15  
E-mail: alankitjpr@alankit.com  
Manager Incharge Abhinav Sharma  
Mob : 9672973670  
Email: abhinavs@alankit.com Tel.: (Direct) 0141-4093302

DP ID :- IN301186

Lata Areade 1st Floor, 87, Civil Lines,  
Near Ayub Khan Churaha.  
Bareilly-243001 Tel : 0581-2551091-2551164  
Mobile : 9411218934  
E-mail : alankitbly@alankit.com  
Branch in Charge Mr. Ajay Agarwal  
Contact No. : 0581-25511-65

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

Name of the holder (s)	
Sole / First Holder	
Second Holder	
Third Holder	

## 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 options(s)

<input type="checkbox"/> <b>Option A</b> [There are no balances / holdings in this account]																																															
<input type="checkbox"/> <b>Option B</b> [Transfer the balances / holdings in this account as per details given]	<input type="checkbox"/> Transfer to my / our own account (Provide target account details and enclose Client Master Report of Target Account)	<table border="1"> <thead> <tr> <th colspan="2">Target Account Details</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> NSDL</td> <td>DP ID</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td><input type="checkbox"/> CDSL</td> <td>Client ID</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>	Target Account Details		<input type="checkbox"/> NSDL	DP ID																				<input type="checkbox"/> CDSL	Client ID																				
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<input type="checkbox"/> Transfer to any other account (Submit duly filled Delivery Instruction Slip signed by all holders)																																															
<input type="checkbox"/> <b>Option C</b> [Rematerialise / Reconvert (Submit duly filled Remat / Reconversion Request Form for mutual fund units)]																																															

## 5. Signature (s)

Sole / First Holder	
Second Holder	
Third Holder	

**Acknowledgement**

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

DP ID		Client ID	
Name of Sole / First Holder			
Name of Second Holder			
Name of Third Holder			

Signature of the Authorised Signatory  
Date

Seal / Stamp of Participant