

**ACCOUNT CLOSURE FORM**

To,  
 Skywards Investec Private Limited, Startup Huts, 3rd Floor, Unit-2,  
 #109, 27th Main, Sector-2, HSR Layout, Bengaluru,  
 Bangalore KA 560102 IN

Application Number		Date	D	D	M	M	Y	Y	Y	Y
Closure Initiated By	<input type="radio"/> BO <input type="radio"/> DP <input type="radio"/> CDSL									

(To be filled by BO, in case of BO-initiated closure. Please fill all details in BLOCK LETTERS in English)

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. Please find my details below:

***Account Holder's Details:***

DP ID		CLIENT ID	
NAME OF FIRST / SOLE HOLDER			
NAME OF SECOND HOLDER			
NAME OF THIRD HOLDER			
ADDRESS FOR CORRESPONDENCE			
CITY		PIN CODE	
STATE			

***Details of remaining security balances in the account (if any):***

Reason(s) for closure of account			
Balance remaining in the account (if any) to be:			
<input type="radio"/> Partly rematerialized		<input type="radio"/> Rematerialized	
<input type="radio"/> Transferred to another account (Number given below)		<input type="radio"/> Not Applicable	
DP ID		CLIENT ID	
Balance present in the account for (to be filled by DP, if applicable):			
<input type="radio"/> Ear-marked		<input type="radio"/> Pledged	
<input type="radio"/> Frozen		<input type="radio"/> Lock-in	
		<input type="radio"/> Pending for dematerialization	
		<input type="radio"/> Pending for rematerialization	

**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.

Name of First Holder	Name of Second Holder	Name of Third Holder
 Please sign here First/Sole Holder or Guardian (in case of a Minor)	 Please sign here (Second Holder)	 Please sign here (Third Holder)

\*If DP or CDSL initiates account closure, Signature(s) of account holder(s) not required.

----- (Please tear here) -----

***Acknowledgement Receipt***

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

DP ID		CLIENT ID	
NAME OF FIRST / SOLE HOLDER			
NAME OF SECOND HOLDER			
NAME OF THIRD HOLDER			
REASON FOR CLOSURE			

Stamp and Seal  
 ( Skywards Investec Private Limited )

***Instructions to Account Holder(s):***

- Submit a duly-filled RRF if the balances are to be rematerialised.
- 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”.