

	<p>BCB Brokerage Private Limited  CIN-U67120MH2000PTC129742  SEBI Single Registration No. IN-DP-438-2019 (DP)  Regd. Off. : 1207-A, P. J. Towers, Dalal Street, Fort, Mumbai-400 001.  Tel No. 022-22720000 Web: www.bcbbrokerage.com  bbplmumbai@bcbbrokerage.com</p>	
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**BCB Brokerage Private Limited**  
**Demat Account Closure Request Form (BO initiated)**

Application No. : ONLINE/	Date :
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Closure Initiated by  BO (To be filled by the BO in case of BO-initiated closure).  
Please fill all the details in Block Letters in English

To,  
BCB Brokerage Private Limited  
1207/A P J Towers, Dalal Street, Fort, Mumbai 400 001

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. The details of my/our account are given below:

**Account Holder's Details**

DP ID	1 2 0 1 0 4 0 __
Client ID	0 0 0 _____
Name of the First / Sole Holder	
Name of the Second Holder	
Name of the Third Holder	
Address for Correspondence	
City	
State	
PIN	



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

Reasons for Closing the Account	
Balance remaining in the account (if any) to be :	<input type="checkbox"/> partly rematerialised and partly transferred <input type="checkbox"/> Rematerialised <input type="checkbox"/> Transferred to another account (Number given below) <input type="checkbox"/> Not applicable
DP ID	
Client ID	
Balance present in account for (To be filled by DP, if applicable)	<input type="checkbox"/> Ear – marked <input type="checkbox"/> Pledged <input type="checkbox"/> Pending for Dematerialisation <input type="checkbox"/> Frozen <input type="checkbox"/> Pending for Rematerialisation <input type="checkbox"/> Lock-in

**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.

	First / Sole Holder	Second Holder	Third Holder
Name			
Signature			

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**Acknowledgement Receipt**

Application No. ONLINE \_\_\_\_\_

Date :- \_\_\_\_\_

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

DP ID	1 2 0 1 0 4 0 ____
Client ID	0 0 0 ____
Name of the First / Sole Holder	
Name of the Second Holder	
Name of the Third Holder	
Reason for Closure	

Depository Participant Seal and Signature

Instructions to Account Holder(s)

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