

ISF SECURITIES LTD.

Member : NSE (Capital, F&O and Currency Derivative Segment)

BSE (Capital and F&O Segment)

SEBI Regn. No.: INZ000211738

Depository Participant - CDSL

CDSL Regn. No. IN-DP-320-2017 • DP ID : 12073300



Regd. & Corp. Office : 5A/4B, Ansari Road

Darya Ganj, New Delhi-110002

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Web : www.moneyisle.in

ACCOUNT CLOSURE REQUEST FORM

Date : _____

Closure initiated by DP CDSL BO (To be filled by the BO. Please fill all the 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. The details of my/our account are given below :

Account Holder's Details

Trading UCC Code : _____

DP ID	1	2	0	7	3	3	0	0	Client ID									
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)

Reason for Closing the Account																	
Balance remaining in the account (if any) to be :		<input type="checkbox"/> Partly rematerialized and partly transferred.										<input type="checkbox"/> Rematerialized					
		<input type="checkbox"/> Transferred to another account (Number given below)										<input type="checkbox"/> Not Applicable					
DP ID											Client ID						
Balance present in A/c for (To be filled by DP, if applicable)		<input type="checkbox"/> Ear - marked <input type="checkbox"/> Pledged <input type="checkbox"/> Lock-in <input type="checkbox"/> Pending for Dematerialisation <input type="checkbox"/> Pending for Rematerialization <input type="checkbox"/> Frozen															
		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*			

Acknowledgement Receipt

Date : _____

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

DP ID	1	2	0	7	3	3	0	0	Client ID									Trading UCC Code :
Name of the First/Sole Holder																		
Name of the Second Holder																		
Name of the Third Holder																		
Reason for Closure																		

Instructions to Account Holder(s) : 1. Submit a duly-filled RRF if the balances are to be rematerialized.

2. Submit a duly-filled transfer form (off market instruction slip) if the balances are to be transferred to another A/c. This requirement is not applicable in the case of "SHIFTING OF ACCOUNT"

Depository Participant Seal and Signature