



APPLICATION FOR ACCOUNT CLOSURE

Estelle Securities Private Limited | DP ID: 12093900 | 59, Bentinck Street | 1st Floor | Kolkata - 700069

Application No.							Date							
Closure Initiated By		BO		DP		CDSL								

To,
Estelle Securities Pvt. Limited
Dear Sir/Madam,
I/We the sole Holder/Joint Holders/Guardian (In case of Minor) /Clearing Member request you to close my /our ☐ Trading and ☐ Demat account with you from the date of this application. The details of my /our account are given below:

ACCOUNT HOLDER DETAILS:

DP ID	1	2	0	9	3	9	0	0	CLIENT ID								TRADING A/C NO.	
Name of the Sole/First Holder																		
Name of the Second Holder																		
Name of the Third Holder																		
Address																		
City								State					Country			Pin Code		

DETAILS OF REMAINING SECURITY BALANCE IN THE ACCOUNT (if any):

Reasons 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 account for (To be filled by DP, If applicable)										<input type="checkbox"/> Ear-marked <input type="checkbox"/> Pending for Dematerialization <input type="checkbox"/> Pending for Rematerialisation								<input type="checkbox"/> Pledged <input type="checkbox"/> Frozen <input type="checkbox"/> Lock-In							

DECLARATION: INCASE OF ACCOUNT CLOSURE DUE TO SHIFTING OF ACCOUNT:

I/We declare and confirm that all the transactions in my/our trading & demat account are true/authentic.

	Sole/First Holder	Second Holder	Third Holder
Holder(s) Name			
Signature(s)			

** Target DP crystal copy of client master list with original dp seal should be submitted.

Signature Verify By	
DP Dues	
Trading Dues	
Holding	



Acknowledgement Receipt

Date								
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We hereby acknowledge receipt of your instruction for closing the following Account subject to verification.

DP ID	1	2	0	9	3	9	0	0	CLIENT ID								TRADING A/C NO.	
Name of the Sole/First Holder																		
Name of the Second Holder																		
Name of the Third Holder																		
Reason for Closure																		