



**Deactivation Form /Account Closure Request Form**

Application No.	Client UCC :	Date	D	D	M	M	Y	Y	Y	Y
Closure/ Deactivate Initiated by	<input type="checkbox"/> BO	<input type="checkbox"/> DP	<input type="checkbox"/> CDSL							

(To be filled by the BO (in case of BO-initiated closure). Please fill all the details in **Block Letters** in English)

Closure For -  Only Trading  Only Dp  Both  
 Segment -  Cash  F&O  Currency  Commodity

**Deactivate**     **Close**

A "Deactivated" account can be reopened with the same client code later.  
 A "Closed" account cannot be reopened. A new client code will be generated in such cases.

To,

Alice Blue Financial Services Pvt Ltd  
 No. 153/2, 3rd Floor, M.R.B.Arcade, Bagalur Main Road, Dwaraka Nagar, Yelahanka, Bengaluru – 560063.

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	8	5	3	0	0	Client ID	
Trading account / Client code										
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"/> 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 *			

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

======(Please Tear Here)=====

**Application No.**

**Acknowledgement Receipt**

**Date:-**

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

DP ID									Client ID								
Name of the First / Sole Holder																	
Name of the Second Holder																	
Name of the Third Holder																	
Reason for Closure																	

**Instructions to Account Holder(s)**

**Depository Participant Seal and Signature**

- 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"**.