Centricity

FORM 34

APPLICATION FOR CLOSING AN ACCOUNT

(For Beneficiary Account only)

Date	D	D	M	M	Y	Y	Y	Y

To,

Centricity Securities Private Limited

Unit 207A & 207B, Tower- B Global

Business Park, M.G Road Gurgaon Haryana -122002

DP ID: IN304924

UCC Code-

1. I / We hereby request you to close my/our account with you as per following details:

Name of the holder(s)	
Sole/ First Holder	
Second Holder	
Third Holder	

2. Reason/s for Closure of depository account (optional) _____

3. **Client ID** (of account to be closed)

4. **Trading ID (of account to be closed)**

5. Please tick the applicable option(s)

☐**Option A** [There are no balances / holdings in this account]										
☐ **Option B** [Transfer the balances /holdings In this account as per details given]	~~☐Transfer to my / our own (Provide target account details and enclose Client Master Report of Target Account)~~ ☐ Transfer to any other account ~~(Submit duly filled Delivery Instruction Slip signed by all holders)~~	**Target Own Account Details**								
		☐NSDL	DP ID							
		☐CDSL	Client ID							
~~☐ **Option C** [Rematerialise / Reconvert (Submit duly filled Remat / Reconversion Request Form-for mutual fund units)]~~										

6. **Signatures**

Sole//First Holder	
Second Holder	
Third Holder	

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Acknowledgement																	
We hereby acknowledge the receipt of your request for closing the following Account subject to verification:																	
DP ID									Client ID								
Name of Sole/First Holder																	
Name of Second Holder																	
Name of Third Holder																	
Signature of the Authorised Signatory									**Seal/Stamp of Participant**								