



# MSE FINANCIAL SERVICES LTD.

DEPOSITORY PARTICIPANT - CDSL

DP SEBI REG NO.: IN-DP-CDSL-690-2013 DP ID : 13017400

Regd. Office : # 11, Second Line Beach, Chennai - 600 001.

Tel : 044 - 2522 8951, 2524 8953, 2521 4442 Fax : 044-2521 4352

E-mail : msefsldp@gmail.com Website : www.msefsl.com

## Account Closure Request Form

|                      |                             |                             |                               |  |  |  |  |  |  |  |  |  |  |  |
|----------------------|-----------------------------|-----------------------------|-------------------------------|--|--|--|--|--|--|--|--|--|--|--|
| Application No.      |                             | Date                        |                               |  |  |  |  |  |  |  |  |  |  |  |
| Closure Initiated by | <input type="checkbox"/> BO | <input type="checkbox"/> DP | <input type="checkbox"/> CDSL |  |  |  |  |  |  |  |  |  |  |  |

(To be filled by the BO, Please fill all the details in **Block Letters** in English)

To,

**MSE FINANCIAL SERVICES LTD.**

No. 11, Second Line Beach,  
Chennai - 600 001.

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  | <b>1</b> | <b>3</b> | <b>0</b> | <b>1</b> | <b>7</b> | <b>4</b>   | <b>0</b> | <b>0</b> | Client ID                        | <b>0</b> | <b>0</b> |  |  |  |  |  |  |
| Name of the First / Sole Holder  |          |          |          |          |          |  |          |          |                                  |          |          |  |  |  |  |  |  |
| Name of the Second Holder  |          |          |          |          |          |  |          |          |                                  |          |          |  |  |  |  |  |  |
| Name of the Third Holder   |          |          |          |          |          |  |          |          |                                  |          |          |  |  |  |  |  |  |
| Address of 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 a/c for<br>(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* |                     |               |              |

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

Tear Here \_\_\_\_\_

## Acknowledgement Receipt

Application No. :

Date :

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

|                                 |          |          |          |          |          |          |          |          |           |          |          |  |  |  |  |  |  |
|---------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|----------|----------|--|--|--|--|--|--|
| DP ID                           | <b>1</b> | <b>3</b> | <b>0</b> | <b>1</b> | <b>7</b> | <b>4</b> | <b>0</b> | <b>0</b> | Client ID | <b>0</b> | <b>0</b> |  |  |  |  |  |  |
| 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 A/c. This requirements is not applicable in the case of "SHIFTING OF ACCOUNT".
- Submit unused instruction Slips.