

ANNEXURE Q

APPLICATION FOR CLOSING AN ACCOUNT
(For Beneficiary Account only)To,
VFC Securities Pvt. Ltd.Date

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Correspondence Add : 203, Shreeji Chambers, 2nd floor,
Above PNB, Opera House, Mumbai – 400004.Tel No. :- 022 40043395, 022-35114958 E-Mail : vfc@vfc.co.in DP ID : IN303374

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: _____

3. Client ID (of account to be closed)

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4. Please tick the applicable option(s)

<input type="checkbox"/> Option A [There are no balances / holdings in this account]																					
<input type="checkbox"/> Option B	<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p>[Transfer the balances / holdings in this account as per details given]</p> <p>Transfer to my / our own account (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)</p> </div> <div style="width: 45%; text-align: center;"> <p>Target Account Details</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><input type="checkbox"/> NSDL</td> <td style="width: 10%;">DP ID</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td><input type="checkbox"/> CDSL</td> <td>Client ID</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> </div> </div>	<input type="checkbox"/> NSDL	DP ID									<input type="checkbox"/> CDSL	Client ID								
<input type="checkbox"/> NSDL	DP ID																				
<input type="checkbox"/> CDSL	Client ID																				
<input type="checkbox"/> Option C [Rematerialise / Reconvert (Submit duly filled Remat / Reconversion Request Form-for mutual fund units)]																					

5. Signature(s)

Sole / First Holder	
Second Holder	
Third Holder	

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Acknowledgement

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

DP ID	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									Client ID	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
Name of Sole / First Holder																			
Name of Second Holder																			
Name of Third Holder																			
Signature of the Authorised Signatory	Seal/ Stamp of Participant																		
Date																			

Regd Off: 1st floor, Nusser House, opp. Roxy Theatre, Opera House, Mumbai – 400 004.