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| Branch Code | 0 | 0 | | | | | | | |
|-------------|---|---|--|--|--|--|--|--|--|

**ANNEXURE QA
APPLICATION FOR CLOSING NSDL ACCOUNT
(For NSDL Clearing Member Account only)**

| | | | | | | | | |
|------|---|---|---|---|---|---|---|---|
| Date | D | D | M | M | Y | Y | Y | Y |
|------|---|---|---|---|---|---|---|---|

To,
DP Name: HDFC Bank Limited
DP Address: HDFC Bank Limited, Depository Services, Empire Plaza I, 4th Floor, LBS Marg, Chandan Nagar, Vikhroli (West), Mumbai 400083.

DP ID: IN300126/IN301151/IN301549/ IN300476 /IN300601/ IN301436

| Instructions to the Applicant | |
|--|--|
| 1. Closure request needs to be signed by ALL the account holders. POA holder (if any) cannot sign the closure request. | 4. Closure request would be rejected in case of any outstanding charges. |
| 2. Corrections (if any) have to be authenticated by ALL the holders. Please strike-off as "NA" for details which are not applicable. | 5. In case Trading a/c linked to this Demat account, please submit delinking or trading account closure request separately.. |
| 3. Certified True Copy of Board resolution required in case of 'Corporate account' closure. | 6. Securities lying in the Demat account should be transferred by duly filled & signed Delivery Instruction Slip . |

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

| | | | | | | | | |
|-----------------------------|---|---|---|--|--|--|--|--|
| Name of the Clearing Member | | | | | | | | |
| Client ID | | | | | | | | |
| DP ID | I | N | 3 | | | | | |
| CM-BP ID | | | | | | | | |
| CC-CM ID | | | | | | | | |

Contact No. (Mandatory) _____

2. Reason for Closure (Please tick)

Shifting of Account

Others
(Please specify, _____)

Note for Participant:
 In accordance with stipulated procedure for Account Shifting of Clearing Member, if the reason for closure is "Shifting of Account," Participant must close account in the DPM System only after receipt of confirmation from NSDL

3. Signature(s)

| Name of the Authorized Signatories | Signature(s) & Stamp | For Bank use only: Sign. Of all holders are verified with Demat records Bank Officer Sign & Employee Code |
|------------------------------------|----------------------|---|
| | | |
| | | |

Acknowledgement

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

| | | | |
|---------------------------------------|----------------------|-----------|----------------------------|
| DP ID | <input type="text"/> | Client ID | <input type="text"/> |
| CM-BP-ID | <input type="text"/> | CC-CM-ID | <input type="text"/> |
| Name of Clearing Member | <input type="text"/> | | |
| Signature of the Authorised Signatory | Date | | Seal/ Stamp of Participant |