

**SPFL Securities Limited**

Annexure 10.1

Depository Participant (CDSL), DP ID 12061200

Corp. Office : 15/63-M, Civil Lines, Kanpur-208 001 Phones : (0512) 2330984-87 (PBX), 2305201, 2305158

Account Closure Form

| | | | | | | | | | | | | |
|----------------------|----|------|------|--|--|--|--|--|--|--|--|--|
| Application No. | | Date | | | | | | | | | | |
| Closure Initiated by | BO | DP | CDSL | | | | | | | | | |

(To be filled by the BO. Please fill all the details in **BLOCK LETTERS** in English)

Dear Sir/Madam,

I/We the sole/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 | 6 | 1 | 2 | 0 | 0 | Client ID | | | | |
| Name of First/Sole Holder | | | | | | | | | | | | | |
| Name of Second Holder | | | | | | | | | | | | | |
| Name of 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 : | | | | | | | | | | | | | |
| Partly rematerialised and partly transferred | | | | | | | | Rematerialised | | | | | |
| Transferred to another account (Number given below) | | | | | | | | Not Applicable | | | | | |
| DP ID | | | | | | | | Client ID | | | | | |
| Balance present in a/c for (To be filled by DP, if applicable) All Transactions in the account are authentic. | | | | | | | | Ear-marked Pending for Dematerialisation Pending for Rematerialisation | | Pledged Frozen Lock-in | | | |
| | 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)

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| | | | | | | | | | | | |
|---|---|------|---|---|---|---|---|---|-----------|--|--|
| Application No. | | Date | | | | | | | | | |
| We hereby acknowledge the receipt of your instruction for Closing the following Account subject to verification : | | | | | | | | | | | |
| DP ID | 1 | 2 | 0 | 6 | 1 | 2 | 0 | 0 | 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)

Submit a duly-filled up RRF if the balances are to be rematerialized
 Submit a duly filled up transfer form (off market instruction slip)
 if the balances are to be transferred to another A/c.

Depository Participant Seal and Signature