

**APPLICATION FOR CLOSING AN ACCOUNT  
(For Beneficiary Account only)**

Date

Trading ID:

To,

DP Name: Zerodha Broking Limited

DP Address: Zerodha #153/154, 4th Cross, J.P Nagar 4th Phase, Opp. Clarence Public School, Bengaluru - 560078

DP ID: IN300095 / IN302871 / IN303446 / IN304287

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"/> <b>Option A</b> [There are no balances / holdings in this account ]											
<input type="checkbox"/> <b>Option B</b> [Transfer the balances /holdings In this account as per details given]	<input type="checkbox"/> Transfer to my / our own account (Provide target account details and enclose Client Master Report of Target Account)										
	<input type="checkbox"/> Transfer to any other account (Submit duly filled Delivery Instruction Slip signed by all holders)										
	<b>Target Account Details</b>										
	<input type="checkbox"/> NSDL DP ID	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>									
<input type="checkbox"/> CDSL Client ID	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										
<input type="checkbox"/> <b>Option C</b> [Rematerialise / Reconvert (Submit duly filled Remat / Reconversion Request Form-for mutual fund units)]											

5. Signatures

Sole//First Holder	
Second Holder	
Third Holder	

**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							
Date																	