

Application for Closure of Demat Account (NSDL/CDSL)

Date

*Please mention the below account details to be closed:

1. DP ID <input type="text"/>	Client ID <input type="text"/>
2. DP ID <input type="text"/>	Client ID <input type="text"/>
3. DP ID <input type="text"/>	Client ID <input type="text"/>
4. DP ID <input type="text"/>	Client ID <input type="text"/>

*Please tick the applicable option(s): (*Marked is a Mandatory field)

<input type="checkbox"/> Option A (There are no balances/holdings in this account)																																																	
<input type="checkbox"/> Option 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)																																																
<table border="1"> <thead> <tr> <th colspan="12">Target Account Details</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> NSDL</td> <td>DP ID</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="checkbox"/> CDSL</td> <td>Client ID</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td colspan="2">PAN</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>		Target Account Details												<input type="checkbox"/> NSDL	DP ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> CDSL	Client ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	PAN		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="checkbox"/> Option C (Rematerialise/Reconvert (Submit duly filled Rematerialisation form for securities/Reconversion request form for Mutual fund units)) "If option C is selected, kindly follow the rematerialisation/reconversion process. Demat account will be closed only after the rematerialisation/reconversion process is completed (approximate TAT of rematerialisation is 30-45 days and for reconversion 7-10 days)																																																	

* Please tick the reason for closing the Demat Account: (*Marked is a Mandatory field)

- | | |
|--|--|
| <input type="checkbox"/> Moving to new area/abroad where ICICI Bank does not have a branch | <input type="checkbox"/> Unsatisfactory services |
| <input type="checkbox"/> High demat charges | <input type="checkbox"/> Stopped trading forever |
| <input type="checkbox"/> Consolidation of accounts | <input type="checkbox"/> Others (Please specify) _____ |

Recovery of dues	
<input type="checkbox"/> Direct Debit Please debit my ICICI Bank Account (A/c No. <input type="text"/>) for recovery of any pending dues against my account	
<input type="checkbox"/> Cheque Payment Cheque Number..... drawn on Bank.....	
<input type="checkbox"/> Cash Payment <input type="checkbox"/> UPI Payment	

Refund of charges	
*Please provide operative Savings Bank account number for refund of pro rata AMC charges (if any). In case of Non ICICI Bank account, please provide a cancelled cheque copy.	
<input type="checkbox"/> ICICI Bank Account	<input type="checkbox"/> Non ICICI Bank Account
Bank Account No. <input type="text"/>	

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

V - April 2022

Signature of Sole/First Holder

Signature of Second Holder

Signature of Third Holder

For Branch Use Only

I confirm that the account is active, applicant(s) signed in my presence, all relevant details are matching in our Bank records and verified by me.

Name & Employee ID: _____

Signature of the Branch Official: _____