



ANNEXURE - Q

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

To,

TRANS SCAN SECURITIES PVT. LTD.

3A, Auckland Place, 2nd Floor, Kolkata-700 017

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

DP ID : IN 302496

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)

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

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 [Transfer the balances / holdings in this account as per details given] | <input type="checkbox"/> Transfer to my / our own account <i>(Provide target account details and enclose Client Master Report of Target Account)</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Transfer to any other account <i>(Submit duly filled Delivery Instruction Slip signed by all holders)</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1"> <tr> <th colspan="2"></th> <th colspan="8">Target Account Details</th> </tr> <tr> <td><input type="checkbox"/> NSDL</td> <td>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> | | | Target Account Details | | | | | | | | <input type="checkbox"/> NSDL | DP ID | | | | | | | | | <input type="checkbox"/> CDSL | Client ID | | | | | | | |
| | | Target Account Details | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> NSDL | DP ID | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> CDSL | Client ID | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Option C [Rematerialise / Reconvert (<i>Submit duly filled Remat / Reconversion Request Form-for mutual fund units</i>)] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

5. Signature(s)

| | |
|-------------------|--|
| Sole/First Holder | |
| Second Holder | |
| Third Holder | |

Acknowledgement

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

| | | | | | | | | | | | | | | | | | | | |
|-------|---|--|--|--|--|--|--|--|--|-----------|---|--|--|--|--|--|--|--|--|
| DP ID | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | Client ID | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | |
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| | |
|-----------------------------|--|
| Name of Sole / First Holder | |
| Name of Second Holder | |
| Name of Third Holder | |

| | |
|--|-----------------------------------|
| Signature of the Authorised Signatory | Seal/ Stamp of Participant |
| Date | |