



**ANNEXURE Q
APPLICATION FOR CLOSING AN ACCOUNT**

To,
Patel Wealth Advisors Private Limited

Date	D	D	M	M	Y	Y	Y	Y
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“Oxygen”, M/2/3, Gaurav Park, Opp Pradhyuman Royal Height,
Nr. Neel Da Dhaba, Off Kalawad Road, RAJKOT-360005. Email: - dp@patelwealth.com

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

NSDL DP	DP ID	I	N	3	0	4	1	3	1	CLIENT ID								
TRADING CODE																		
Name of First / Sole Holder																		
Name of Second Holder																		
Name of the Third Holder																		

2. Reason/s for Closure of depository account: _____

3. 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>																																					
	Target Account Details																																					
	<table border="1"> <tr> <td>NSDL</td> <td>DP ID</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>CDSL</td> <td>Client ID</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	NSDL	DP ID																		CDSL	Client ID																
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CDSL	Client ID																																					
<input type="checkbox"/> Option C [Rematerialise / Reconvert (Submit duly filled Remat / Reconversion Request Form-for mutual fund units)]																																						

4. Signature(s)

Sole/First Holder Signature

Second Holder Signature

Third Holder Signature

Instructions: 1. Account will be closed, subject to NO HOLDINGS and SIGNATURE VERIFICATION as on records. 2. In case of joint holders, all holders must sign. 3. Please clear the DP dues if any.

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Acknowledgement																		
We hereby acknowledge the receipt of the your request for closing the following Account subject to verification:																		
DP ID	I	N	3	0	4	1	3	1		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																		