NJ INDIA INVEST PVT. LTD.
Registered & Correspondence Office Address : Block No.901 & 902, 6th Floor, B Tower, Udhna Udyognagar Sangh Commercial Complex, Central Road No.10, Udhna, Surat - 394 210, Gujarat | Phone: 0261 402 5500 | Fax: 0261 402 5880
SEBI Reg No - BSE & NSE: INZ000213137 | SEBI Reg No .- CDSL & NSDL: IN-DP-14-2015
Email id: dpservices@njgroup.in | Website: www.njgroup.in

Account Closure Request Form

Application No. *Date : D D M M Y Y Y Y

Closure Initiated by BO ☐ DP ☐ Depository ☐ *(To be filled by the BO (in case of BO-initiated closure). Please fill all the details in Block Letters in English)*

To,
NJ IndiaInvest Pvt. Ltd.,
Block No.901 & 902, 6th Floor, 'B' Tower, Udhna Udyog Nagar Sangh Commercial Complex, Central Road No. 10, Udhna, Surat - 394210, Gujarat, India.
Dear Sir / Madam,
I / We the Sole Holder / 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: Client ID:

Name of the First/Sole Holder:

Name of the Second Holder:

Name of the Third Holder:

Correspondence Address:

City:

State: Pin/Zip Code:

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 account for (To be filled by DP, if applicable):

Ear - marked ☐ Pending for Dematerialisation ☐ Pending for Rematerialisation ☐ Pledged ☐ Frozen ☐ Lock-in ☐

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.

	First / Sole Holder	Second Holder	Third Holder
Name			
Signature *			

*If DP or Depository initiates account closure, Signature(s) of account holder(s) not required.

Account Closure Request Form (Trading)

To,
NJ IndiaInvest Pvt. Ltd.,
Dear Sir / Madam,
I / We the holder of the trading account request you to close my / our account with you from the date of this application. The details of my/our account are given below.

Name of client: UCC No.:

Distributor Name: Distributor Code.:

Branch Name: Segments for closure: BSE ☐ NSE ☐

Signature of Client Distributor Signature

(Please Tear Here)

Acknowledgement Receipt

Application No. Date : D D M M Y Y Y Y

We hereby acknowledge the receipt of the your instruction for Closing the following Account subject to verification:

DP ID: Client ID: UCC No.:

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 RRF if the balances are to be rematerialized.
- Submit a duly-filled Delivery Instruction Slip [DIS] (off market instruction slip) if the balances are to be transferred to another Account. This requirement is not applicable in the case of "Shifting Of Account".

Depository Participant Seal and Signature