

Account Closure Request Form



To,
Butterfly Broking Private Limited

Regd add: 143, B Wing, Sanjay Building, Mittal Industrial Estate, Andheri East, Mumbai, 400059
Corr add: Ground floor, Novel Tech Park, 46/4, Hosur Road, Kudlu Gate, Bangalore 560058 | contact: cs@tiqs.in

<input type="checkbox"/> Trading Account
<input type="checkbox"/> Demat

Application No.		Date	D	D	M	M	Y	Y	Y	Y
Closure Initiated by	<input type="checkbox"/> BO/Client	<input type="checkbox"/> DP	<input type="checkbox"/> CDSL	<input type="checkbox"/> NSDL						

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

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 details										
DP ID										
Name of the First / Sole Holder						Client ID				
Name of the Second Holder						UCC				
Name of the Third Holder										
Address for Correspondence										
City			State			PIN				
Details of remaining security balances in the account (if any)										
Reasons for Closing the Account										
Balance remaining in the account (if any) to be :										
<input type="checkbox"/> partly rematerialised and partly transferred.						<input type="checkbox"/> Rematerialised				
<input type="checkbox"/> Transferred to another account (Number given below)						<input type="checkbox"/> Not applicable				
DP ID						BO ID				
Balance present in account for (To be filled by DP, if applicable)						<input type="checkbox"/> Ear - marked		<input type="checkbox"/> Pledged		
						<input type="checkbox"/> Pending for Dematerialisation		<input type="checkbox"/> Frozen		
						<input type="checkbox"/> Pending for Rematerialisation		<input type="checkbox"/> 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 CDSL/NSDL initiates account closure, Signature(s) of account holder(s) not required.

===== (Please Tear Hear) =====

Acknowledgement Receipt

Application No. _____ **Date :-** _____

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

DP ID										
Name of the First / Sole Holder						Client ID				
Name of the Second Holder										
Name of the Third Holder										
Reason for Closure										

Depository Participant Seal and Signature

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**”.