

ANUSH SHARES & SECURITIES PVT. LTD.

Regd. Office: No. 247 (Old No. 119), R.K. Mutt Road, Chennai - 600 028.

Phone: 044-24616718, 24616724, Dir: 044-24614575, Fax: 044-24614198 e-mail: anushdp@airtelmail.in / dp@anushshares.com

Depository Division Account Closure Form

ANUSH					AC	cour	II CI	DSUIT	FORM									
Application No.			41	8					Date								T	
Closure Initiated by			ВО						□ DP					□ CDSL				
To be filled by the BO. Please fi	ll all th	e deta	ails in	BLO	CK LE	TTER	S in F	nalish)									
To ANUSH SHARES & SECURITIE NO. 247 (Old No. 119), R.K. Mu Dear Sir / Madam	S PV	T. LTD	·.,						,									
we Sole Holder / Joint Holders / this application. The details of m	Guard y/our a	dian (i	ncase	of Mi	inor) / belov	Clear w:	ing Me	mber	request you to	close n	ny / ou	r acco	unt wit	h you	from	the o	date o	
Account Holder's Details									,					(4)				
DP ID	1	2	0	4	0	4	0	0	Client ID			T		T				
Name of the First / Sole Holder																		
Name of the Second Holder																		
Name of the Third Holder																		
Address for Correspondence													,			ūe-		
City					State	е	4					PIN						
Dataila of ramaining acquity ha		Ab																
Details of remaining security ba		in the	accol	unt (ii	any)							_						
Reasons for Closing the Account									-									
Balance remaining in the accou										1.6								
Partly rematerialised and p										Rema		sed						
☐ Transferred to another acc	ount (Numb	er giv	en be	low)		_		☐ Not ap	plicable	9							
DP ID									Client ID									
Balance Present in a/c for (To be filled by DP, If applicable)							1	□ Ear - Marked □ Pledged □ Pending for Dematerialisation □ Frozen □ Pending rematerialisation □ Lock-in							n			
									TING OF ACC			entic						
					t / Sole	e Hold	ier	T	Second Holder				Third Holder					
Name																		
Signature																		
* If DP or CDSL Initiates acco							*	-			or Anı							
Application No. We hereby acknowledge the					Ackn	owle	dgem	ent Re	eceipt		D	ate:						
DPID 1	2	0	4	0	4	0	0		ent ID	T		T	T	T	\neg			
Name of the First / Sole Holder																		
Name of the Second Holder	1					-												
Name of the Third Holder																		
Reason for Closure																		

INSTRUCTION TO ACCOUNT HOLDER(S)

☐ Submit a duly-filled up R.R.F if the balance are to be rematerialized