



# COMPOSITE SECURITIES LIMITED

## ANNEXURE Q

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

To,  
**Composite Securities Ltd**  
**307, Kanchenjunga Building**  
**18, Barakhamba Road**  
**New Delhi- 110001**  
**DP ID : IN302113**

Date	D	D	M	M	Y	Y	Y	Y
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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) 

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4. Please tick the applicable option(s)

<input type="checkbox"/> <b>Option A</b> [There are no balances / holdings in this account ]						
<input type="checkbox"/> <b>Option B</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">Target Account Details</th> </tr> <tr> <td><input type="checkbox"/> NSDL</td> <td>DP ID</td> </tr> <tr> <td><input type="checkbox"/> CDSL</td> <td>Client ID</td> </tr> </table>	Target Account Details		<input type="checkbox"/> NSDL	DP ID	<input type="checkbox"/> CDSL
Target Account Details						
<input type="checkbox"/> NSDL	DP ID					
<input type="checkbox"/> CDSL	Client ID					
<input type="checkbox"/> <b>Option C</b> [Rematerialise / Reconvert (Submit duly filled Remat / Reconversion Request Form-for mutual fund units)]						

5. Signature(s)

Sole / First Holder	
Second Holder	
Third Holder	

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#### Acknowledgement

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

DP ID		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			