



ANNEXURE Q

APPLICATION FOR CLOSING AN ACCOUNT (For Beneficiary Account only)

Date	D	D	Μ	Μ	Y	Y	Y	Y

To,

Cholamandalam Securities Ltd

4th Floor, Dare House Extn, No.2 NSC Bose Road, Parrys, Chennai-600 001.

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

Both Trading And Demat	Only Dp	Only trading
-------------------------------	---------	--------------

Name of the holder(s)										
Sole/ First Holder										
Second Holder										
Third Holder										
2. Reason/s for Closure of account:										

3. CLIENT ID (of account to be closed)

11	TRADING ID:			Í											
l														L	
	DP ID:	T	Ν	3	0	0	5	7	2	Client ID					

4.Please tick the applicable option(s)

Option A [There a	re no balances / holdings in this account]													
Option B	Transfer to my / our own account	Target Account Details												
[Transfer the balances /	(Provide target account details and enclose Client Master		DP ID											
holdings in this account as per details given]	Report of Target Account) Transfer to any other account (Submit duly filled Delivery Instruction Slip signed by all holders)	Unsdl	Client ID											

Option C [Rematerialise / Reconvert (Submit duly filled Remat / Reconversion Request Form-for mutual fund units)]

5.Signature(s)

Sole / First Holder																		
Second Holder																		
Third Holder																		
Acknowledgement																		
We hereby acknowledge th	We hereby acknowledge the receipt of your request for closing the following Account subject to verification:																	
DP ID									Client ID									
Name of Sole / First Holde	er																	
Name of Second Holder																		
Name of Third Holder																		
Signature of the Authoris	sed Signator	y											Seal	/ Stan	ıp of I	Partici	pant	
Date																		