PINNACLE FOREX & SECURITIES PVT. LTD.

Registered / Correspondence Office: A - 1307, O2 Commercial Building, Plot No.23-24, Near Minerva Industrial Estate, Mulund (W), Mumbai - 400080

DEMAT ACCOUNT CLOSURE REQUEST FORM

Date:

Closure initiated by DP CDSL BO (To be filled by the BO. 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's Details

DP ID	1	2	0	7	4	4	0	0	Client ID (Demat No)					
Name of the First	: / Sol	e Ho	lder												
Name of the Sec	ond H	Holde	r												
Name of the Thir	d Hol	der													
Correspondence/	Perm	anen	t Ado	dress											
City									State			PIN			

Details of remaining security balances in the account (if any)

Reasons for Closing the A	ccount												
Balance remaining in the a	account	(if any) t	be: 🗌	Partly	y rematerialized and partly	Rematerialized							
Transferred to another account (Number given below)													
DP ID					Client ID (Demat No)								
Balance present in a/c for	Ear	- marke	d 🗌 Pl	edged	ed 🗌 Lock-in 📋 Pending for Dematerialization 🗌 Pending for rematerialization 🗌 Frozen.								
(To be filled by DP, if applicable)	* If DP (re, Signature(s) of account holder(s) dly ensure that the standing instruct			eree's BO	a/c.				

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 Signature	Second Holder Signature	Third Holder Signature
Signature*	X		

TRADING ACCOUNT CLOSURE REQUEST FORM

Date:

Pinnacle Forex & Securities Pvt. Ltd.

Dear Sir / Madam,

To.

I/We the holder of the trading a/c 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:		Trading co	de:
Name of AP (if applicable):			
Segments for closure: \Box BSE \Box	NSE 🗌 NSE-FO 🗌 NSE-CD 🗌 MCX 🗌 NCDEX		

Thanking you,

Yours Faithfully,

Client's Signature X

For Office Use Only:

T&S Date:	Accounts Date:	Trading Backoffice closed Dt:	DP Backoffice closed Dt:
Checked By:	Checked By:	Marked in BSE:	Marked in CD:
		Marked in NSE:	Marked in MCX:
		Marked in F&O:	Marked in NCDEX:

_____ Acknowledgment Receipt

Date:

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

Name of the First / Sole Holder Name of the Second Holder	DP ID	1	2	0	7	4	4	0	0	Client ID					Trading Code :
Name of the Second Holder	Name of the First	t / So	le Ho	lder											
	Name of the Sec	ond H	lolde	r											
Name of the Third Holder	Name of the Thir	d Hol	der												
Reason for Closure	Reason for Closu	ire													

Instructions to Account Holder(s): 1. Submit a duly-filled RRF if the balances are to be rematerialized. 2. Submit a duly-filled transfer form (off market instruction slip) if the balances are to be transferred to another A/c.

Depository Participant Seal and Signature