



V A C H A N A
I N V E S T M E N T S

Date :

To,

Vachana Investments Pvt. Ltd

#No. 32, 1st Floor 2nd Main Vyalikaval Extn
Bhashyam Circle SadashivNagar
Bangalore - 560003

Sub : Closure of Trading A/c

Ref : Trading A/c code _____

Sir,

I would like to close my trading A/c. I do not have any grievance with your company I confirm the receipt of all contract notes, ledger statements and BO Holding & Transaction statements during the period I traded with you. I have not observed any discrepancies. I confirm the ledger balance as Rs _____ as on date. I have already made my Demat account Nil and Demat closure form is also attached.

Therefore I request you to close my trading and BO account at on earliest.

Thanking You

Yours Truly

Account Closure Form



VACHANA
INVESTMENTS

Application No. : _____

Date : ___ / ___ / _____

Closure Initiated By : BO DP CDSL

Closure for : Trading Demat Both

To,

Vachana Investments Pvt Ltd

#No. 32,1st Floor 2nd Main Vyalikaval Extn
Near Bhashyam Circle SadashivNagar
Bangalore - 560 003

DP ID: 12079100

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	9	1	0	0	CLIENT ID										
TRADING CODE (NSE)																			
Name of the First / Sole Holder																			
Name of the Second Holder																			
Name of the Third Holder																			
Address for Correspondence																			
City										State					PIN				

Details of remaining security balances in the account (if any) : (Please attach the annexure)

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										Client ID									
Balance present in a/c 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 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	1	2	0	7	9	1	0	0	Client ID										
Name of the First / Sole Holder																			
Name of the Second Holder																			
Name of the Third Holder																			
Reason for Closure																			

Depository Participant Seal and Signature

Instructions to Account Holder(s)

- o Submit a dully-filled up RRF if the balances are to be rematerialized.
- o Submit a duly filled up transfer form (off market instruction slip) if the balances are to be transferred to another A/c.