FORM 34

APPLICATION FOR CLOSING AN ACCOUNT (For Beneficiary Account only)

To, SS Corporate Securities Limited NDM-2, D-Block, 3 rd Floor, Netaji Subhash Place, Pitampura, I	(IN303108) Delhi-110034			Date	D	D	М	М	Y	YY	Y	
1. I / We hereby request you to cle				followin	ig det	tails:						
	Nar	ne of the ho	older(s)									
Sole/ First Holder												
Second Holder												
Third Holder												
 Reason/s for Closure of deposite Client ID (of account to be closed) Please tick the applicable opt 							_]			
Option A [There are no balances		s account]										
Option B Transfer to my/o	our own											
account	account			Target Account Details								
the balances / holdings in this account as per details given] Option C [Rematerialise / Reconstance] Sole / First Holder and enclose duly Master Report Account) Count Account I Transfer to any of (Submit duly filled Instruction Slip signal holders) Sole / First Holder Second Holder	stamped Client of Target ther account d Delivery gned by all	□ NSDI □CDSL	Client I		Reque:	st Fo	rm-fo	r mutu	ual fun	d unit	s)]	
Third Holder												
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We hereby acknowledge the receipt of	your request for				cuhie	ect to	verif	ication	n·			
	your request for	crosing th		Account	Subje	1	VCIII	icaciói	·			
DP ID		_].	Client ID									
Name of Sole / First Holder												
Name of Second Holder												
Name of Third Holder												
Signature of the Authorised Signator Date				Seal/Stamp of Participant								