

SS CORPORATE SECURITIES LIMITED

Member: NSE/BSE/USEIL/MCX-SX

**Corporate Office: NDM 2, Block D, 3rd Floor, Netaji Subhash Place, Pitampura, Delhi-110034
Tel. No. 47003600 (30 Lines) fax: 4700 3601.**

APPLICATION FOR CLOSING OF TRADING ACCOUNT

Date (dd-mm-yy)			
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I/We hereby request you to close my/our Trading Account with you.

Unique Client Code	Name of the client

I hereby declare that I have no claim pending with the broker (SS Corporate Securities Ltd) and my client account is settled. If I want to reopen my account I have to again complete KYC requirement.

Thanking you,

Yours truly,

Client Signature: _____

For SS Corporate Securities Limited

Director

FORM 34

APPLICATION FOR CLOSING AN ACCOUNT
(For Beneficiary Account only)

To,
SS Corporate Securities Limited (IN303108)
NDM-2, D-Block, 3rd Floor,
Netaji Subhash Place, Pitampura, Delhi-110034

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"/> Option A [There are no balances / holdings in this account]										
<input type="checkbox"/> Option 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 duly stamped 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>									
Target Account Details										
<input type="checkbox"/> NSDL	DP ID <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									
<input type="checkbox"/> CDSL	Client ID <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									
<input type="checkbox"/> 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 the receipt of your request for closing the following Account subject to verification:

DP ID	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										Client ID	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									
Name of Sole / First Holder																					
Name of Second Holder																					
Name of Third Holder																					
Signature of the Authorised Signatory	Seal/ Stamp of Participant																				
Date																					