

ANNEXURE Q
APPLICATION FOR CLOSING AN ACCOUNT
(For Beneficiary Account only)

To,
SRI SHIRDI SECURITIES PVT. LTD.
27-20-40, 1st floor, Museum Road,
Governorpet, VIJAYAWADA - 520 002.
DP ID: IN303165

| | | | | | | | | |
|-------------|---|---|---|---|---|---|---|---|
| Date | D | D | M | M | Y | Y | Y | Y |
|-------------|---|---|---|---|---|---|---|---|

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)

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

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 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> | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1" style="width: 100%;"> <thead> <tr> <th colspan="2">Target Account Details</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> NSDL</td> <td>DP ID <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table></td> </tr> <tr> <td><input type="checkbox"/> CDSL</td> <td>Client ID <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table></td> </tr> </tbody> </table> | Target Account Details | | <input type="checkbox"/> NSDL | DP ID <table border="1"><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"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | |
| Target Account Details | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> NSDL | DP ID <table border="1"><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"><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 <i>(Submit duly filled Remat/ Reconversion Request Form-for mutual fund units)</i>] | | | | | | | | | | | | | | | | | | | | | | | | |

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"><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"><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 | | | | | | | | | | | | | | | | | | | |