

Account Closure Request Form

Application Number		Date								
Closure Initiated By	<input type="checkbox"/> BO	<input type="checkbox"/> DP	<input type="checkbox"/> CDSL							

(To be filled by the BO (in case of BO-initiated closure). Please fill all the details in Block Letters in English)

To,
South Indian Bank Ltd
Demat Cell, Administrative Block II, Floor 9
Infopark Express Way, Rajagiri Valley P O
Kakkanad, Ernakulam 682039

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	3	0	2	7	9	0	0	Client ID																				
Name of the First/Sole Holder																													
Name of the Second Holder																													
Name of the Third holder																													
Address for Correspondence																													
City										State										PIN									
Details of the Remaining security balance in the Account(If Any)																													
Reason for Closing the Account																													
Balance remaining in the Account (if any)to be:																													
<input type="checkbox"/> partly rematerialized and partly transferred										<input type="checkbox"/> Rematerialized																			
<input type="checkbox"/> Transferred to another Demat account(Number given below										Not Applicable																			
DP ID										Client ID																			
Balance present in the account for (to be filled by DP, if applicable)										<input type="checkbox"/> Ear-marked					<input type="checkbox"/> Pledged														
										<input type="checkbox"/> Pending for Dematerialization					<input type="checkbox"/> Frozen														
										<input type="checkbox"/> Pending for Rematerialization					<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 or Guardian(in case of Minor)					Second holder					Third Holder									
Name																													
Signature																													

*If DP or CDSL initiates account closure, Signature(s) of account holder(s) not required

===== (Please Tear Here) =====

Acknowledgement Receipt

Application No.:

Date:

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

DP ID										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):-

Submit a duly-filled RRF if the balances are to be rematerialized

Submit a duly-filled Delivery Instruction Slip [DIS] (off market instruction slip) if the balances are to be transferred to another Account. This requirement is not applicable in case of "SHIFTING OF ACCOUNT"