



Form 34
APPLICATION FOR CLOSING AN ACCOUNT
(For Beneficiary Accounts only)



Date		D	D	M	M	Y	Y	Y	Y
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To,
The South Indian Bank Ltd
Demat Cell, 9th Floor, Administrative Block II
Infopark Express Way, Rajagirivalley P O
Kakkanad, Ernakulam-682039

1. I/We hereby request you to close my/our account with you as per the following details:-

Name of the Holder(s)	
Sole/first Holder	
Second Holder	
Third Holder	
2. Reason/s for the Closure of Depository Account(optional)	
3. Client ID (of account to be closed)	<input type="text"/>
4. Please tick the applicable options	
<input type="checkbox"/> Option A [there are no balance/ holdings in this account]	
<input type="checkbox"/> Option B (Transfer the balance/ holdings in this account as per the details given)	Target Own Account Details
	<input type="checkbox"/> NSDL DP ID <input type="text"/>
	<input type="checkbox"/> CDSL Client ID <input type="text"/>
5. Signature(s)	
Sole/First Holder	
Second Holder	
Third Holder	

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Acknowledgement	
We here by acknowledge the receipt of your request for closing the following account subject to verification	
DPID	I N 3 0 4 4 3 9 Client Id <input type="text"/>
Name of the Sole/ First holder	
Name of the Second holder	
Name of the Third Holder	
Signature of the Authorised Signatory	Seal/ Stamp of the Participant
Date	