

PMS CLOSURE FORM

Date

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To,
 NJ ADVISORY SERVICES PRIVATE LIMITED
 Block No.901, 6th Floor, B Tower,
 Udhna Udyognagar Sangh Commercial Complex,
 Central Road No.10, Udhna, Surat – 394210, Gujarat.

Request for Closure of PMS Account

I/We the undersigned, hold PMS Account No.

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 with your Company.

I/We hereby request you to close the said PMS Account by way of:

(Please tick (√) whichever is applicable)

Redemption of all my/our securities and proceeds to be credited to my/our:

Bank account registered at the time of Application OR Below mentioned Account

Bank A/c. No.											
Bank Name											
Branch name											
City						State					
Pin Code											
MICR Code						IFS Code					

Any one proof required from the following list : (if bank not registered)

1. Cancelled Cheque with pre printed name
2. Bank Statement (Certified True Copy) or Letter from Banker with Seal & Signature
3. Bank Pass Book

Transfer all the securities to Demat Account owned by me/us to:

Name										
DP ID										
BO ID										

Any one proof required from the following list :

1. BO Master
2. Statement of holding

Please note that all the powers enjoyed by NJAS under the PMS agreement shall get revoked on successful closure of the PMS Account.

FULL NAME IN BLOCK LETTERS

1 st Holder Name:	F	I	R	S	T	N	A	M	E	M	I	D	D	L	E							
	N	A	M	E											L	A	S	T	N	A	M	E
Signature:																						

2 nd Holder Name:	F	I	R	S	T	N	A	M	E	M	I	D	D	L	E							
	N	A	M	E											L	A	S	T	N	A	M	E
Signature:																						

3 rd Holder Name:	F	I	R	S	T	N	A	M	E	M	I	D	D	L	E							
	N	A	M	E											L	A	S	T	N	A	M	E
Signature:																						





Account Closure Request Form

Application No. *Date :

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

To,
NJ IndiaInvest Pvt. Ltd.,
 8th Floor, B Tower, Udhna Udyog Nagar Sangh Commercial Complex, Central Road No.10, Udhna, Surat-394210, Gujarat, India.

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: Client ID:

Name of the First/Sole Holder:

Name of the Second Holder:

Name of the Third Holder:

Correspondence Address:

City:

State: Pin/Zip Code:

Details of remaining security balances in the account (if any)

Reasons for Closing the Account:

Balance remaining in the account (if any) to be : Partly Rematerialised and Partly Transferred Rematerialised
 Transferred to another account (Number given below) Not applicable

DP ID: Client ID:

Balance present in account for (To be filled by DP, if applicable):

Ear - marked Pending for Dematerialisation Pending for Rematerialisation Pledged Frozen 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	Second Holder	Third Holder
Name	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Signature *	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Account Closure Request Form (Trading)

To,
NJ IndiaInvest Pvt. Ltd.,
 Dear Sir / Madam,
 I / We the holder of the trading account request you to close my / our account with you from the date of this application. The details of my/our account are given below.

Name of client: UCC No.:

Sub-broker Name: Sub-broker Code.:

Branch Name: Segments for closure: BSE NSE

Signature of Client Sub-broker Signature

(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: UCC No.:

Name of the First / Sole Holder:

Name of the Second Holder:

Name of the Third Holder:

Reason for Closure:

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 the case of "Shifting Of Account".

Depository Participant Seal and Signature

Savings/Current Account Closure Form

Date __/__/____

Account No _____

I / We _____ confirm that all unused cheques issued to me / us have been enclosed / destroyed by me / us. No. from N.A. to N.A.. I / We also authorise the bank to destroy all the unutilised cheques, if any, in the system.

I / We are enclosing / destroying the ATM / Debit Card(s) issued to me / us.

No. 1 N.A. No. 2 N.A.

Reason for closure of Account:

Sr. No.	Reason	Please select
1	Deficiency in Branch services	
2	Monthly / Quarterly / Half yearly charges on higher side	
3	Shifted to other location where there is no Axis Bank branch	
4	Monthly / Quarterly / Half yearly balance on higher side	
5	Dissatisfied with the present product offering	
6	Moving to other bank – Foreign / Private Bank	
7	Moving to other bank – Nationalise / Co-operative Bank	
8	Opening the account in some different scheme code	
9	Deceased case / change in constitution / legal case	
10	Other relationship with the bank are closed	

Pay the proceeds by:

DD / PO Credit to account

Our following standing instructions may be dealt with as per the instructions written there against:

Sr. No.	Particular of Standing Instruction	To be dealt with (Cancel / Transfer to account No.)

Names and Signature of all applicants: in case of more signatories please use an additional form

Sr. No.	Name	Signature
Authorised Signatory		X
Authorised Signatory		X
Authorised Signatory		X

BANK USE ONLY

Date of Account Opening: _____

Customer Value Score (CVS): 12345NA (Circle the option to select)

Branch Head Name: _____

Branch Head Employee No.: _____ Branch Sol id: _____ Branch Head Signature: _____

Following have been destroyed:

ATM card destroyed Y N

Unused cheque leaves destroyed Y N

In case of company account necessary board resolution obtained. Y N

Following have been delinked from the account

Standing Instruction No. _____ Osc No. _____ Locker No. _____ Demat Account No. _____

The Balance Amount of Rs. _____ (Rs. _____ Only) paid by: _____ Branch stamp with Date

DD / PO: _____ Transfer to A/C No.: _____

Account closure charges recovered, if any amount Rs. _____

Approval enclosed for lien removal / charge reversal

Branch Head Circle Head Product Head

Signature verified _____ Employee No. _____ Approval _____

(Name of the employee)

(Branch Manager / Ops Head)

Acknowledgement:

We acknowledge receipt of Savings / Current account no closure form by you in favour of

Name of account holder:

Account No.:

Branch Stamp and Sign:

Date of Receipt: