

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

To,  
**DP Name: SMIFS Limited**  
**[Formerly Known as Stewart & Mackertich Wealth Management Limited]**  
**DP Address: 4, Lee Road, Vaibhav, Kolkata – 700020**  
**DP ID: IN301629**

|      |   |   |   |   |   |   |   |   |
|------|---|---|---|---|---|---|---|---|
| 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"/>  | <b>Option A</b> [There are no balances / holdings in this account]   |                               |  |                               |       |  |  |  |  |  |  |  |  |                               |           |  |  |  |  |  |  |  |  |
| <input type="checkbox"/>  | <b>Option B</b>  |                               |  |                               |       |  |  |  |  |  |  |  |  |                               |           |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> [Transfer the balances / holdings in this account as per details given]  | <input type="checkbox"/> Transfer to my / our own account.<br>(Provide target account details and enclose: Client Master Report of Target Account) |                               |  |                               |       |  |  |  |  |  |  |  |  |                               |           |  |  |  |  |  |  |  |  |
|   | <input type="checkbox"/> Transfer to any other account.<br>(Submit duly filled Delivery Instruction Slip signed by all holders)                    |                               |  |                               |       |  |  |  |  |  |  |  |  |                               |           |  |  |  |  |  |  |  |  |
| <table border="1"> <tr> <td colspan="2" style="text-align: center;"><b>Target Account Details</b></td> </tr> <tr> <td><input type="checkbox"/> NSDL</td> <td>DP ID</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td><input type="checkbox"/> CDSL</td> <td>Client ID</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> |  | <b>Target Account Details</b> |  | <input type="checkbox"/> NSDL | DP ID |  |  |  |  |  |  |  |  | <input type="checkbox"/> CDSL | Client ID |  |  |  |  |  |  |  |  |
| <b>Target Account Details</b>   |  |                               |  |                               |       |  |  |  |  |  |  |  |  |                               |           |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> NSDL   | DP ID  |                               |  |                               |       |  |  |  |  |  |  |  |  |                               |           |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> CDSL   | Client ID  |                               |  |                               |       |  |  |  |  |  |  |  |  |                               |           |  |  |  |  |  |  |  |  |

**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        |  |

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**Acknowledgement**

We hereby acknowledge the receipt of the your request for closing the following Account subject to verification:

|  |   |   |   |   |   |   |   |   |           |  |  |  |                                   |  |  |  |  |
|--|---|---|---|---|---|---|---|---|-----------|--|--|--|-----------------------------------|--|--|--|--|
| DP ID  | I | N | 3 | 0 | 1 | 6 | 2 | 9 | Client ID |  |  |  |                                   |  |  |  |  |
| Name of Sole / First Holder                  |   |   |   |   |   |   |   |   |           |  |  |  |                                   |  |  |  |  |
| Name of Second Holder                        |   |   |   |   |   |   |   |   |           |  |  |  |                                   |  |  |  |  |
| Name of Third Holder                         |   |   |   |   |   |   |   |   |           |  |  |  |                                   |  |  |  |  |
| <b>Signature of the Authorised Signatory</b> |   |   |   |   |   |   |   |   |           |  |  |  | <b>Seal/ Stamp of Participant</b> |  |  |  |  |
| <b>Date</b>                                  |   |   |   |   |   |   |   |   |           |  |  |  |                                   |  |  |  |  |