## ANNEXURE Q

## APPLICATION FOR CLOSING AN ACCOUNT (For Beneficiary Account only)

Date

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To,

SMIFS Limited										L				1.1	1-1		1	1	
4, Lee Road, Vaibl	ıav,																		
Kolkata - 700020	ı																		
DP ID: IN303794																			
1. I / We hereby r	equest y	ou to	clos	e my/	our a	ccou	nt w	ith yo	u as p	er foll	owing	gdeta	ails:						
						Na	ame	of the	holder	(s)									
Sole/ First Holder																			
Second Holder																			
Third Holder																			
<ol> <li>Reason/s for C</li> <li>Client ID (of according)</li> </ol>				ту асс	ount:														
4. Please tick the	applicab	le on	tion	(s)															
Option A [Th					dings	in th	is acc	count]											
Option B																			
	Tra	nsfer	to m	ıy / oı	ur ow	n					Ta	arge	t Acco	ount I	)etail	ls			
[Transfer the		account.																	
balances /	-	(Provide target account details						DP ID											
holdings in		and enclose: Client Master Report of Target Account)  Transfer to any other account.  (Submit duly filled Delivery							ISDL										
this account	КСР								Clie	nt				-				+	
as per details									SL	ID									
given]	(Sul																		
Instruction Slip signed by all holders)																			
			H										<u> </u>						
	1	. ,	D		66.1	1	1 61	u in				D		C		. 16	. ,	4. 33	
Option C [Rosenature]		ise /	Keco:	nvert	(Subr	nıt au	ну дн	<i>1еа ке</i>	mat / F	Reconve	ersion	Requ	iest F	orm-Jo	or mu	tuai ji	una ui	nitsjj	
Sole / First Holde																			
	1																		
Second Holder																			
Third Holder																			
=====	=====	===	===	===	===	===	==:			== = =		==	== = :	===:	===	== = :	===	===	
*** 1 1 1	1 1 .1			C - 1						ement						<u> </u>			
We hereby acknow	wledge th	e rec	eipt o	of the	your	reque	est fo	r closi	ng tne	follow	ing Ac	cour	it sub	ject to	verii	ncatio	n:		
DP ID	I	N	3	0 3	7	9	4		Clien	nt ID									
Name of Sole / Fir		•																	
Name of Second H																			
Name of Third Ho																			_
Signature of the	Authoris	ed Si	gnat	ory										Sea	l/ Sta	ımp c	of Par	ticipa	nt
Date																			