

**FORM 34**

**APPLICATION FOR CLOSING AN ACCOUNT**

*(For Beneficiary Account only)*

Date									
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To,  
SMIFS Limited  
[Formerly Known as Stewart & Mackertich Wealth Management Limited]  
4, Lee Road, 5<sup>th</sup> Floor,  
Vaibhav, Kolkata – 700020  
DP ID: IN301629/IN303794

**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 (optional)** \_\_\_\_\_

**3. Client ID** (of account to be closed) 

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**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> [Transfer the balances /holdings In this account as per details given]	<b>Target Own Account Details</b>									
	<input type="checkbox"/> NSDL	DP ID								
	<input type="checkbox"/> CDSL	Client ID								

**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	<table border="1"><tr><td>I</td><td>N</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	I	N								
I	N										
	Client ID										
Name of Sole / First Holder											
Name of Second Holder											
Name of Third Holder											
Signature of the Authorised Signatory	Seal/ Stamp of Participant										
Date											