

C.D.S.L., D.P.O. - Mumbai

Bank of India Building, First Floor, 70/80, M. G. Road, Fort, Mumbai - 400 001.

ACCOUNT CLOSURE REQUEST FORM

| | | | | | | | | | | | |
|----------------------|-----------------------------|-----------------------------|-------------------------------|---|---|---|---|---|---|---|--|
| Application No. | 1555 | Date | D | D | M | M | Y | Y | Y | Y | |
| Closure Initiated by | <input type="checkbox"/> BO | <input type="checkbox"/> DP | <input type="checkbox"/> CDSL | | | | | | | | |

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

To,
Bank of India,
C.D.S.L., D.P.O.

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 | 1 | 3 | 0 | 2 | 0 | 8 | 0 | 0 | Client ID | 0 | 0 | | | | | | |
| Name of the First / Sole Holder | | | | | | | | | | | | | | | | | |
| Name of the Second Holder | | | | | | | | | | | | | | | | | |
| Name of the Third Holder | | | | | | | | | | | | | | | | | |
| Address for Correspondence | | | | | | | | | | | | | | | | | |
| City | | | | | | State | | | | PIN | | | | | | | |

| Details of remaining security balances in the account (if any) | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|----------------------------------|--|--|--|--|--|--|--|--|
| Reasons for Closing the Account | | | | | | | | | | | | | | | | | |
| Balance remaining in the account (if any) to be : | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Partly rematerialised and partly transferred. | | | | | | <input type="checkbox"/> Rematerialised | | | | | | | | | | | |
| <input type="checkbox"/> Transferred to another account (Number given below) | | | | | | <input type="checkbox"/> Not applicable | | | | | | | | | | | |
| DP ID | | | | | | Client ID | | | | | | | | | | | |
| Balance present in account for (To be filled by DP, if applicable) | | | | | | <input type="checkbox"/> Ear - marked | | | <input type="checkbox"/> Pledged | | | | | | | | |
| | | | | | | <input type="checkbox"/> Pending for Rematerialisation | | | <input type="checkbox"/> Frozen | | | | | | | | |
| | | | | | | <input type="checkbox"/> Pending for Dematerialisation | | | <input type="checkbox"/> 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 | | | |
| Signature * | | | |

* If DP or CDSL initiates account closure, Signature(s) of account holder(s) not required.

(Please Tear Here)

Acknowledgement Receipt

Application No. 1555 Date :

We hereby acknowledge the receipt of the your instruction for Closing the following Account subject to verification :-

| | | | | | | | | | | | | | | | | | |
|---------------------------------|---|---|---|---|---|---|---|---|-----------|---|---|--|--|--|--|--|--|
| DP ID | 1 | 3 | 0 | 2 | 0 | 8 | 0 | 0 | Client ID | 0 | 0 | | | | | | |
| Name of the First / Sole Holder | | | | | | | | | | | | | | | | | |
| Name of the Second Holder | | | | | | | | | | | | | | | | | |
| Name of the Third Holder | | | | | | | | | | | | | | | | | |
| Reason for Closure | | | | | | | | | | | | | | | | | |

Depository Participant Seal and Signature

Instruction 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".