

ANNEXURE QA
APPLICATION FOR CLOSING AN ACCOUNT
(For Clearing Member Account only)

To,
Religare Broking Limited | DP ID : IN301774
 Club 125 (Tower A) A-3/4/5, Sector-125, Noida 201301(UP)
 Email id: wecare@religareonline.com

Date	D	D	M	M	Y	Y	Y	Y
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1. I / We hereby request you to close my/our account with you as per following details

Name of the Clearing Member								
Client ID								
DP ID	I	N	3	0	1	7	7	4
CM-BP ID								
CC-CM ID								

2. Reason for Closure (Please tick)

- Shifting of Account
 Others
 (Please specify, _____)

Note for Participant:

In accordance with stipulated procedure for Account Shifting of Clearing Member, if the reason for closure is “Shifting of Account,” Participant must close account in the DPM System only after receipt of confirmation from NSDL

3. Signature(s)

Name of the Authorised Signatories	Signature(s)

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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 7 7 4	Client ID						
CM-BP-ID		CC-CM-ID						
Name of Clearing Member								
Signature of the Authorised Signatory							Seal/ Stamp of Participant	
Date								

