

Innovate Securities Pvt. Ltd.

ANNEXURE 11.17

Redg. Office : 1st Floor, "Devashish", 39, Sardar Patel Nagar Road, Near Nest Hotel, Ellisbridge, Ahmedabad - 380 006.
Phone : 079 - 26474513/14 Website : www.innovatesec.com

DP ID : 12033800

Account Closure Form

Application No.		Date :																		
Closure Initiated by	<input type="checkbox"/> BO	<input type="checkbox"/> DP	<input type="checkbox"/> CDSL																	

(To be filled by BO, Please fill all the details in **Block Letters** in English)

To,
Innovate Securites Pvt. Ltd.
1st Floor, "Devashish", 39, Sardar Patel Nagar,
Nr. Hotel Nest, Ellisbridge, Ahmedabad-380006.

Dear Sir / Madam,

I / We the Sole Holder / Joint Holder / Guardian (in case or 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	2	0	3	3	8	0	0	CLIENT ID										
Name of First / Sole Holder																			
Name of Second Holder																			
Name of 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"/> Party rematerialised and party transferred :										<input type="checkbox"/> Rematerialised									
<input type="checkbox"/> Transferred to another account (Number give below)										<input type="checkbox"/> Not applicable									
DP ID									CLIENT ID										
Balance Present in A/c for (To be filled by DP, If applicable)										<input type="checkbox"/> Ear - marked					<input type="checkbox"/> Pledged				
										<input type="checkbox"/> Pending for Dematerialisation					<input type="checkbox"/> Forzen				
										<input type="checkbox"/> Pending for Rematerialisation					<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.

Acknowledgement Receipt

Application No. _____ **Date :** _____
We hereby acknowledge the receipt of the your instruction for Closing the following Account subject to verification :

DP ID	1	2	0	3	3	8	0	0	CLIENT ID										
Name of First / Sole Holder																			
Name of Second Holder																			
Name of Third Joint Holder																			

Instruction to Account Holder(s)

- Submit a dully-filled up RRF if the balances are to be rematerialized.
- Submit a dully-filled up transfer form (off market instruction slip).
If the balances are to be transferred to another A/c.

For, INNOVATE SECURITIES PVT. LTD.

Authorised Signatory