

ISF SECURITIES LTD.

Member : NSE, BSE & USE • Depository Participant - CDSL

SEBI Regn. No.: NSE (Cash) INB 230876338, (F&O) INF 230876338, (Currency) INF 230876338

BSE (Cash) INB 011465235, (F&O) INF 011465235

USE (Currency) INE 270876332

CDSL Regn. No. IN-DP-CDSL-647-2001, DP ID : 12073300

Regd. & Corp. Office : 5A/4B, Ansari Road

Darya Ganj, New Delhi-110002

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E-mail : contactus@isfsecurities.com

Web : www.isfsecurities.com

ACCOUNT CLOSURE REQUEST FORM (DP)

Application No. _____

Date : _____

Closure initiated by DP CDSL BO (To be filled by the BO. Please fill all the details in Block Letters in English)

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	2	0	7	3	3	0	0	Client ID											
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)

Reason for Closing the Account																		
Balance remaining in the account (if any) to be : <input type="checkbox"/> Partly rematerialized and partly transferred. <input type="checkbox"/> Rematerialized																		
<input type="checkbox"/> Transferred to another account (Number given 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"/> Lock-in <input type="checkbox"/> Pending for Dematerialisation <input type="checkbox"/> Pending for Rematerialization <input type="checkbox"/> Frozen *If DP or CDSL initiates account closure, Signature(s) of account holder(s) not required.																

	First / Sole Holder	Second Holder	Third Holder
Name			
Signature*			

ACCOUNT CLOSURE REQUEST FORM (TRADING)

To,
ISF Securities Ltd.

Dear Sir,

I / We the holder of the trading account request you to close my/our account with you from the date of this application. The details of my/our account are given below.

Name of Client		Trading KYC Code :
Branch Tag and Name	Sub-broker Tag :	Sub-broker Name :
Segments of closure :	<input type="checkbox"/> NSE <input type="checkbox"/> F & O <input type="checkbox"/> USE	

Signature of Client

Branch Approval

Sub-broker Signature

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	7	3	3	0	0	Client ID										Trading KYC Code :
Name of the First/Sole Holder																			
Name of the Second Holder																			
Name of the Third Holder																			
Reason for Closure																			

Instructions to Account Holder(s) : 1. Submit a duly-filled RRF if the balances are to be rematerialized.
2. Submit a duly-filled transfer form (off market instruction slip) if the balances are to be transferred to another A/c.

Depository Participant Seal and Signature