

☐ INDIA INFOLINE LIMITED

IIFL House, Sun Infotech Park, Road No. 16V, Plot No. B-23, MIDC, Thane Industrial Area, Wagle Estate, Thane - 400 604

CDSL DP ID: 12044700 • NSDL DP ID: IN302269 ACCOUNT CLOSURE REQUEST FORM

☐ INDIA INFOLINE COMMODITIES LIMITED Regd Off.: 143, MGR Road, Perungudi, Chennai,

Tamil Nadu - 600 096, India

MCX No.: 10470 • NCDEX No.: 00378 NCDEX Spot No.: 10051 • NSEL No.: 10350

CLOSURE FOR T		filled by the BO (in case of BO-initiat	□ DP □ CDSL □ N ted closure). Please fill n (Please Tick (✓) whice	all the details in BLC	OCK LETTERS in English) Application No	
		•		ot (Please Tick (✔) w			
				(For Trading A/C)		Date: DDMMYYYY	
# CDSL BO ID: 12044700						(For Demat A/C)	
I/We the Sole Hole this application. T	der / Joint Holde he details of my,	ers / Guardian (i ⁄our account ar	n case of Minor) / (quest you to close n	ny / our account with you from the date of	
ACCOUNT HOLD) :			For Clearing	Member Account only – NSDL	
Name of the Firs	t / Sole Holder	(First)	(Middle)	Last)	Client Name		
Name of the Second Holder		(First)	(Middle)	Last)	Client ID		
Name of the Third Holder		(First)	(Middle)	Last)	CM-BP-ID		
Address for Correspondence:					CC-CM-ID		
					Address for Correspondence:		
City:	State	<u>e</u> :		PIN:			
Reasons for Clo Balance remaining	sing the Accoung in the accou	nt (if any) to b	e :	THE ACCOUNT (Rematerialise	d	
☐ Partly rematerialised and partly transferred. ☐ Transferred to another account (Number given below)					☐ Not applicable		
DP ID: Balance present	· (To k	o filled by DP	if applicable)	Client ID			
	d 🗌 Pledged 🗆	Pending for	Dematerialisatio	n Frozen Per unt Closure due t		ialisation Lock-in	
				sactions in my/ our			
First / Sole Holder			er	Second Holder		Third Holder	
Name							
SIGNATURE							
is not applicabl Accounts opene All the necessa same will be rej In case of SHIFT In case of SHIFT	Filled RRF if the ba filled Delivery Ins e in the case of "S ed in the name of P ry details along v ected. FING OF ACCOU FING OF ACCOU	Ilances are to be truction Slip [DIS HIFTING OF ACTOR PROPERTY OF ACTOR PROPERTY OF THE SIGNATURE OF THE SIG	5] (off market instru COUNT". rtnership/HUF/Corpreshould be filled in osing the account s	oorates/Trusts, stamp n with Black or Blue ir hould be "SHIFTING O ped & signed by offici	of the respective entity hk only. If the form is	erred to another Account. This requirement y has to be affixed along with the signature. filled & signed with other ink or pencil, the quired.	
*Client's conta Note: RM means R			*Conta	act number of RM	/Franchise		
	·	-	• F	or DP use only •			
Closure Instruction ID :				Closure Release Date :			
Maker Sign :				Checker Sign :			
				- Indexel 31	· • · ·		
Application No. We hereby acknowled	dae the receint of th	e vour instruction fo		WLEDGEMENT RECEIF		Date: DDMMYYYY	

DP ID: CDSL-12044700/ NSDL-IN302269 Client ID Name of the First / Sole Holder Name of the Second Holder Name of the Third Holder Reason for Closure