

FORM 34

APPLICATION FOR CLOSING AN ACCOUNT
(For Beneficiary Account only)

To,
SS Corporate Securities Limited (IN303108)
NDM-2, D-Block, 3rd Floor,
Netaji Subhash Place, Pitampura, Delhi-110034

| | | | | | | | | |
|------|---|---|---|---|---|---|---|---|
| Date | D | D | M | M | Y | Y | Y | Y |
|------|---|---|---|---|---|---|---|---|

1. I / We hereby request you to close my/our account with you as per following details:

| | |
|-----------------------|--|
| Name of the holder(s) | |
| Sole/ First Holder | |
| Second Holder | |
| Third Holder | |

2. Reason/s for Closure of depository account: _____

3. Client ID (of account to be closed)

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

4. Please tick the applicable option(s)

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| <input type="checkbox"/> Option A [There are no balances / holdings in this account] | | | | | | | | | | | |
| <input type="checkbox"/> Option B [Transfer the balances / holdings in this account as per details given] | <input type="checkbox"/> Transfer to my/our own account <i>(Provide target account details and enclose duly stamped Client Master Report of Target Account)</i> | | | | | | | | | | |
| | <input type="checkbox"/> Transfer to any other account <i>(Submit duly filled Delivery Instruction Slip signed by all holders)</i> | | | | | | | | | | |
| Target Account Details | | | | | | | | | | | |
| <input type="checkbox"/> NSDL | DP ID <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | | |
| | | | | | | | | | | | |
| <input type="checkbox"/> CDSL | Client ID <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | | |
| | | | | | | | | | | | |
| <input type="checkbox"/> Option C [Rematerialise / Reconvert <i>(Submit duly filled Remat / Reconversion Request Form-for mutual fund units)</i>] | | | | | | | | | | | |

5. Signature(s)

| | |
|---------------------|--|
| Sole / First Holder | |
| Second Holder | |
| Third Holder | |

Acknowledgement

We hereby acknowledge the receipt of your request for closing the following Account subject to verification:

| | | | | | | | | | | | | | | | | | | | | | | | |
|-------|--|--|--|--|--|--|--|--|--|--|--|-----------|--|--|--|--|--|--|--|--|--|--|--|
| DP ID | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | | | Client ID | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | | |
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| | |
|-----------------------------|--|
| Name of Sole / First Holder | |
| Name of Second Holder | |
| Name of Third Holder | |

Signature of the Authorised Signatory

Date

Seal/ Stamp of

Participant