ANNEXURE-10.1

VINEET SECURITIES PVT LIMITED DP

ID 12049000, Corp.

Office: M-1&2, Pratap Bhawan, 5, Bahadur Shah Zafar Marg,

New Delhi-110002. Cont. 011+43668019, Fax- 011-43668020-21

ACCOUNT CLOSURE REQUEST FROM

Application No.		Date:	2
Closure Initiated bY	[]BO [] DP [] CDSL		

(To be filled by the BO, Please fills 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 the application. Details of my/our account are given below:

DP ID	1	2	0	4	9	0	0	0	Client ID	0	0	0						
Name of the First/ Sole Holder																		
Name of the Second Holder																		
Name of the Third Holder																		
Correspondence Address																		
													Pin					
Details for remaining security balances in the account (If any)Reasons for Closing the Account																		
Balance remaining in the account (if any) to be																		
Partly rematerlalised and partly transferred.																		
Transfer to another account (number given below)									DP ID								Client ID	

Balance present in A/c for (To be filled by Dp , if applicable)	() Ear-marked () Pending for Dematerialisation () Pending for Rematerialisation	() Pledged () Frozen. () Lock-in

	First / Sole Holder	Second Holder	Third Holder
Name			
Signature *			

*If DP or CDSL Initiates account closure , Signature(S) of account Holder(s) Not required.

Depository Participant Seal & Date

Acknowledgement Receipt

Application No.											**Date:**					**2**		
DP ID	**1**	**2**	**0**	**4**	**9**	**0**	**0**	**0**	**Client ID**	**0**	**0**	**0**						
Name of the First/ Sole Holder																		
Name of the Second Holder																		
Name of the Third Holder																		

DP Seal & Date **Signature:**