TIME CAPITAL
STOCKS SIMPLIFIED.

Annexure Q

# APPLICATION FOR CLOSING AN ACCOUNT

[ For Beneficiary Account only ]

To,

Dated : / /20 .

**Time Capital Limited** **[ DP ID : IN300923 ]**
104-Southex Centre, 273-Masjid Moth
NDSE-II, **New Delhi** - 110049

**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):**

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| ☐ **Option A** [There are no balances / holdings in this account] | | | | | | | | | | | |
| ☐ **Option B** [ Transfer the balances / holdings in this account as per details given ] | ☐ **Transfer to my/our own account** *(Provide target account details and enclose Client Master Report of Target Account)* ☐ **Transfer to any other account** *(Submit duly filled Delivery Instruction Slip signed by all holders)* | ☐ **NSDL** | DP ID | | | | | | | | |
| | | ☐ **CDSL** | Client ID | | | | | | | | |
| ☐ **Option C** [Rematerialise / Reconvert *(Submit duly filled Remat / Reconversion Request Form-for mutual fund units)*] | | | | | | | | | | | |

**5. Signature(s):**

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

***Note: Kindly submit self-attested photo copy of your PAN CARD's or any other Identity Proof for verification only.***

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| **Acknowledgement** | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| We hereby acknowledge the receipt of your request for closing the following Account subject to verification. | | | | | | | | | | |
| **Client Id :** | | | | | | | | | | **DP ID : IN300923** |
| **Name of Sold / First Holder** | | | | | | | | | | |
| **Name of Second Holder** | | | | | | | | | | |
| **Name of Third Holder** | | | | | | | | | | |
| **Signature of the Authorised Signatory**<br><br>**Date :** | | | | | | | | | | **Seal / Stamp of Participant** |