

Account Closure Request Form

FOR NERL CLIENTS (Please fill in Block Letters Only)

Application No: (To be filled by RP) Date:																									
R P Name																									
Dear Sir / Madam, I / We request you to close my / our account with you from the date of submitting this application. The details of my/our																									
account are given below:																									
Account Holder's Details:																									
RPID										(Clien	t ID													
Name of the Client																									
Reasons for Closing the Account																									
First Au				horiz	zed S	ignat	ory	Second Authorized Signatory							Third Authorized Signatory										
Name																									
Signature (As per RP records)																									



	IN DEDCON VEDICION (FOR	OFFICE LISE ONLY
	IN PERSON VERIFICATION (FOR	OFFICE USE UNLT]
Application No:		
Client ID		
Employee Name		
Employee Code		
Designation		
Signature		
Date		
		Repository Participants Seal
	Please tear here	
	<u>Acknowledgement</u>	Receipt
Application No:		
We hereby acknowledge the	receipt of your instruction for clos	ing the following Account subject to verification:
Name of the Client:		
Client ID		
Employee Name		
Employee Code		
Designation		
Signature		Penocitory Participant Stamp with Date & Time