

PMS Account Closure Form

Date:
ARN No.....
Distributor Name.....
RM Name.....
Client ID.....

To,
Alder Capital Advisors LLP
503, Morya Blue Moon, Off New Link Road, Andheri-West,
Mumbai-400053

Dear Sir/Madam,

Sub: Closure of PMS Account

I/Wehereby request you to close my/our below PMS Account by way of selling/redeeming all Securities/MF and transfer the closure proceeds in the mentioned Bank Account. I/We understand that the closure process will take atleast 5 working days from the day the request has been submitted. I/We also understand that the closure proceeds will be net-off all fees and expenses till the date of closure.

(Please tick (v) whichever is applicable)

- Bank account registered at the time of Application OR
- Below mentioned Account

| | |
|----------------------|--|
| Name in the Bank A/c | |
| Bank A/c. No. | |
| Bank Name | |
| Branch Full Address | |
| IFSC Code | |

Any one proof required from the following list: (if bank not registered)

1. Cancelled Cheque with preprinted name
2. Bank Statement (Certified True Copy) or Letter from Banker with Seal & Signature
3. Bank Pass Book copy

Thanking you, Yours truly,

Signature (1st Applicant)

Signature (2nd Applicant)

Signature (3rd Applicant)

1st Applicant Name

2nd Applicant Name

3rd Applicant Name

APPLICATION FOR CLOSING DEMAT ACCOUNT (For Beneficiary Account only)

To

Date: _____

Axis Bank Ltd.,

Depository Services, Gigaplex, Building no. 1,
4th Floor, Plot no. I.T.5, MIDC, Airoli Knowledge Park

Airoli, Navi Mumbai – 400708

dp.operations@axisbank.com

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

DP ID:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| I | N | 3 | 0 | 0 | 4 | 8 | 4 |
|---|---|---|---|---|---|---|---|

Client ID:

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| 1) 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 (Provide target account details and enclose Client Master Report of Target Account) <input type="checkbox"/> Transfer to any other account (submit duly filled Delivery Instruction Slip signed by all holders) | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">Target Account Details</th> <th style="width: 20px;"></th> <th style="width: 20px;"></th> <th style="width: 20px;"></th> <th style="width: 20px;"></th> <th style="width: 20px;"></th> <th style="width: 20px;"></th> <th style="width: 20px;"></th> <th style="width: 20px;"></th> <th style="width: 20px;"></th> <th style="width: 20px;"></th> </tr> </thead> <tbody> <tr> <td style="width: 15%;"><input type="checkbox"/> NSDL</td> <td style="width: 15%;">DP ID</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td><input type="checkbox"/> CDSL</td> <td>Client ID</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table> | Target Account Details | | | | | | | | | | | | <input type="checkbox"/> NSDL | DP ID | | | | | | | | | | | <input type="checkbox"/> CDSL | Client ID | | | | | | | | | | |
| Target Account Details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> NSDL | DP ID | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> CDSL | Client ID | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Option C [Rematerialise/Reconvert (Submit duly filled Remat/Reconversion Request Form-for mutual fund units)] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 2) Reasons for closure of depository account (Please tick the reasons for closing the Demat Account) |
| <input type="checkbox"/> Consolidation of Accounts <input type="checkbox"/> Shifting to a new location where Axis Bank is not present <input type="checkbox"/> Unsatisfactory services <input type="checkbox"/> High Charges <input type="checkbox"/> Others (Please specify) _____ _____ |

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| 3) Confirmation for delivery instruction slips |
| <input type="checkbox"/> I/We confirm to have surrendered all unutilized delivery instruction slips <input type="checkbox"/> I/We confirm to have exhausted / misplaced all delivery instruction slips |

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|--|-----------------|----------------|-------|---------------------|-----------------|----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 4) Mode of payment for outstanding dues (if any) | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Cash Payment <input type="checkbox"/> Please debit my Axis Bank SB A/c No. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr></table> for recovery of my pending dues against my demat account. Signatures(s) (as per the Bank A/c) | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">_____</td> <td style="width: 33%; border: none;">_____</td> <td style="width: 33%; border: none;">_____</td> </tr> <tr> <td style="width: 33%; border: none; text-align: center;">(First/Sole Holder)</td> <td style="width: 33%; border: none; text-align: center;">(Second Holder)</td> <td style="width: 33%; border: none; text-align: center;">(Third Holder)</td> </tr> </table> | _____ | _____ | _____ | (First/Sole Holder) | (Second Holder) | (Third Holder) | | | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | | | | | | | |
| (First/Sole Holder) | (Second Holder) | (Third Holder) | | | | | | | | | | | | | | | | | |
| <div style="border: 1px solid gray; border-radius: 15px; padding: 10px; display: inline-block;"> Signature (with seal of the branch) </div> | | | | | | | | | | | | | | | | | | | |

| | Name(s) (as per the Demat A/c) | Signatures(s) (as per the Demat A/c) |
|---------------------|--------------------------------|--------------------------------------|
| (Sole/First Holder) | | |
| (Second Holder) | | |
| (Third Holder) | | |

Checklist

(To be filled in by Axis Bank Officials)

I confirm having checked all the below mentioned points for the Client ID:

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- Name of the beneficiary owner(s) match with the DP system.
- Signature(s) of the beneficiary owner(s) match with the DP system.
- Copy of PAN Card / Proof of Identity / Proof of Address collected for suspended Demat Account (if applicable).
- No holding exists in the Demat Account / in case of holding target Demat Account Details mentioned on the Demat Account closure request.
- All pending dues have been recovered by:-

- **Direct debit**

Bank a/c no debited

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Transaction ID _____ Date: _____

- **Cash Payment**

Bank a/c no credited

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Transaction ID _____ Date: _____

Signature
(with seal of the branch)

Date: _____

- Name of the official _____
- Employee Number _____
- Sol ID _____