

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/We hereby 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

FORM 34
APPLICATION FOR CLOSING AN ACCOUNT
(For Beneficiary Account only)

Date	D	D	M	M	Y	Y	Y	Y
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To,
Axis Bank Ltd.
Depository Operations
2nd Floor, Ruby Tower
Bal Govindas Rd, Dadar (W) Mumbai- 28
DP ID: IN300484

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 (optional) _____

3. Client ID (of account to be closed)

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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 any other account	<table border="1"> <tr> <th colspan="10">Target Own Account Details</th> </tr> <tr> <td>☐ NSDL</td> <td>DP ID</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>☐ CDSL</td> <td>Client ID</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	Target Own Account Details										☐ NSDL	DP ID									☐ CDSL	Client ID								
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		☐ NSDL	DP ID																													
		☐ CDSL	Client ID																													

5. Signature

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									Client ID								
Name of Sole/First Holder																	
Name of Second Holder																	
Name of Third Holder																	
Signature of the Authorised Signatory										Seal/Stamp of Participant							
Date																	

Account number:

Date:

Name of the account holder: Prefix First Name Middle Name Last Name

Reason for Closure of Account (please select any one reason)

- ☐ Deficiency in Branch Services
☐ Monthly/ Quarterly/ Half yearly charges on higher side
☐ Shifted to other location where there is No Axis Bank
☐ Monthly/ Quarterly/ Half yearly balance on higher side
☐ Dissatisfied with the present product offering
- ☐ Moving to other Bank- Foreign/ Private Bank
☐ Moving to other Bank- Nationalise/ Co-operative Bank
☐ Opening the account in some different scheme code
☐ Deceased case/ Change in constitution/ Legal case
☐ Other relationships with the Bank are closed

Desired Mode for Receipt of Closure Proceeds

Please select desired mode of remittance for receiving closure proceeds.

- ☐ NEFT/RTGS Account Type: A) ☐ Resident Savings Account B) NRI: ☐ NRE ☐ NRO C) ☐ Current Account
 Bank Details:
 Other Bank Account No: IFSC Code:
 Reconfirm Bank Account No:
 Name of the Account holder: First Name Middle Name Last Name
- ☐ To Another Axis Bank Account:
- ☐ By Demand Draft (Will be delivered only at the mailing address and cannot be made to third party accounts).

Declaration

1. The fund transfer will be governed by the Terms and Conditions given on our website www.Axisbank.com. 2. I/We understand that as per RBI Circular dated October 14,2010 transfer of funds through electronic mode will be executed only on the basis of the account number of then beneficiary provided while initiating the transaction. 3. I understand that this facility is available only at select location and banks covered under Electronic Funds Transfer Facility ordered by RBI. 4. I/We declare that above details are true and correct and the account is in my/our name. 5. Standing Instruction/ Demat Account/ Locker/ OSC, SB & Current A/cs, Credit Card(s), etc will be delinked from the Account 6. I/We further declare that I/We have already destroyed/authorise Axis Bank to destroy all Cheque Leafs/Books and ATM/Debit Card linked to above account. 7. Cancelled cheque copy to be attached along with the request if the closure proceeds are >₹25000. 8. If mode of remittance is not selected or Remittance through NEFT/ RTGS is returned due to any reason, then by default DD/ PO will be issued. 9. In case of company account necessary board resolution to be provided.

Signature of All Applicants is Mandatory (in case of more signatories, please use another form)

 Signature of Account Holder/ Authorised Signatory	 Signature of Account Holder/ Authorised Signatory	 Signature of Account Holder/ Authorised Signatory	 Signature of Account Holder/ Authorised Signatory
Name	Name	Name	Name

Bank Use Only

Approval enclosed for Lien Removal/ Charge reversal/CVS: ☐ Branch Head ☐ Cluster Head ☐ Circle Head ☐ Regional/Product Head
 Certified that this request letter is complete in all aspect & all relevant documents are obtained & verified Mode of Operation and signature of the A/c. The request may please be processed.

☐ Operations Head ☐ Branch Head.

EMP No. S.S No.

Designation:


 Signature
 Name

Acknowledgement

We acknowledge receipt of Saving/Current account closure form by you in favour of

Name of the account holder Prefix First Name Middle Name Last Name

Account No.

Date of Receipt

Signature & Branch Stamp