



COSMOS BANK

THE COSMOS CO-OP. BANK LTD. (Multistate Scheduled Bank)

Depository Service Cell

CDSL

No.

H.O.: 'Cosmos Heights', 269/270 Shaniwar Peth, Pune 411 030. Ph. : 24456591, 24409253

DP Sebi. Regn. No. : IN-DP-CDSL-187-2002

DP ID-28200

ACCOUNT CLOSURE REQUEST FORM

Application No.		Date										
Closure Initiated by	<input type="checkbox"/> BO	<input type="checkbox"/> DP	<input type="checkbox"/> CDSL									

(To be filled by the BO (in case of BO-initiated closure) Please fill 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 this application. The details of my / our account are given below :

Account Holder's Details

DP ID	1	3	0	2	8	2	0	0		Client ID								
Name of the First / Sole Holder																		
Name of the Second Holder																		
Name of the Third Holder																		
Address for Correspondence																		
City		State					PIN											

Details of remaining security balances in the account (if any)

Reasons for Closing the Account																		
Balance remaining in the account (in any) to be																		
<input type="checkbox"/> Partly rematerialised and partly transferred		<input type="checkbox"/> Rematerialised																
<input type="checkbox"/> Transferred to another account (Number given below)		<input type="checkbox"/> Not applicable																
DP ID										Client ID								
Balance present in account for		<input type="checkbox"/> Ear-marked					<input type="checkbox"/> Pledged											
(To be filled by DP, if applicable)		<input type="checkbox"/> Pending for Dematerialisation					<input type="checkbox"/> Frozen											
		<input type="checkbox"/> Pending for Rematerialisation					<input type="checkbox"/> Lock-in											

DECLARATION : In case of Account Closure due to SHIFTING OF ACCOUNT :

I / We declare and confirm that all the transactions in my / our demat account are true / authentic.

	First / Sole Holder	Second Holder	Third Holder
Name			
Signature*			

* If DP or CDSL initiates account closure, Signature(s) of account holder(s) not required.



Acknowledgement Receipt

COSMOS BANK
THE COSMOS CO-OP. BANK LTD. (Multistate Scheduled Bank)

Depository Service Cell

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DP ID - 28200

H.O.: 'Cosmos Heights', 269/270 Shaniwar Peth, Pune 411 030. Ph. : 24456591 , 24409253

Application No.

Date :

We hereby acknowledge the receipt of the your instruction for Closing the following Account subject to verification.

DP ID	1	3	0	2	8	2	0	0	Client ID								
Name of the First / Sole Holder																	
Name of the Second Holder																	
Name of the Third Holder																	
Reason for Closure																	

Depository Participant Seal and Signature

Instructions to Account Holder(s)

Submit a dully-filled RRF if the balances are to be rematerialized.

Submit a duly filled Delivery Instruction Slip (DIS) (off market instruction slip) if the balances are to be transferred to another Account. This reuquirement is not applicable in the case of **"SHIFTING OF ACCOUNT"**.

Declaration
(at the time of Demat A/c Closure)

Date : _____

To,
Manager,
The Cosmos Co-operative Bank Ltd
Depository Service Cell

Sub : Submission of unused Delivery Instruction Slips

I / We _____ Wish to close my / our Demat
Account No. _____ I have submitted the demat account closure
form with required documents.

I / We am / are hereby returning all the unused delivery instruction slips to the Bank. Yes/ No.

I / We do not have unused delivery instruction slip with me / us. Yes/ No.

I / We will be responsible for any financial / other loss or any consequences occurred due
to non-submission of unused delivery instruction slip / DIS booklet at the time of closure
of my / our demat account with the Bank.

1) First / Sole holder's Name : _____

Signature : _____

2) Second holder's Name : _____

Signature : _____

3) Third holder's Name : _____

Signature : _____

(Signature of all holders required)