

APPLICATION FOR CLOSING DEPOSITORY ACCOUNT

Date (dd-mm-yyyy)

To,

The Cosmos Co-operative Bank Ltd.
Depository Service Cell
 269/ 270, Shaniwar Peth,
 Pune 411030
DPID : IN 301098

(For Beneficiary Account only)

I / We hereby request you to close my / our account with you.

I / We request you to transfer the balances of securities to my / our account with _____

DP Name The Cosmos Co-op. Bank Ltd. bearing my client-Id _____

Client-Id	
	Name (s) of the holders
First / Sole Holder	
Second Holder	
Third Holder	
	Signature (s)
First / Sole Holder	
Second Holder	
Third Holder	

(For Clearing Member Account only)

I / We hereby request you to close my / our account with you.

Client Name	
Client Id	
CM-BP-Id	
CC-CM-Id	

Authorised Signatories

Names	Signatures

Instructions :

1. Relevant portions to be filled in
2. Please strike off as N.A.whatever is not applicable.

DIS No. _____ To _____

OR

Declaration

Acknowledgement

The Cosmos Co-operative Bank Ltd.
(Multistate Scheduled Bank)

Cosmos Heights, 269/270 Shaniwar Peth, Pune 30.

Depository Service Cell
DPID : IN 301098

Received the application for Closing an Depository Account from Mr. _____

for Client ID _____

Date :

Participant Stamp & Signature