



Account Closure Request Form

Sr. No.....

(To be filled in by the BO i.e. Demat accounts Holder. Please fill all the details in Block Letters in English)

CDSL

Application No.	Closure Initiated by	BO	DP	CDSL	Date	D	O	M	M	Y	Y	Y	Y
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To,

Bank of Baroda,
Central Back Office DP Operations,
Baroda Sun Tower, Ground Floor, Bandra Kurla Complex,
MUMBAI-400 051.

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. I / We undersigned hereby declare that all the transactions in my/our demat account since opening is/are authentic. The details of my/our account is/are given below:

Account Holder's Details																					
DP ID	1	3	0	1	8	7	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 (if any) to be :																					
<input type="checkbox"/> partly rematerialized and partly transferred.										<input type="checkbox"/> Rematerialized											
<input type="checkbox"/> Transferred to another account (Number given below)										<input type="checkbox"/> Not applicable											
DP ID										Client ID											
Balance present in a/c for (To be filled by DP, if applicable)										<input type="checkbox"/> Ear - marked					<input type="checkbox"/> Pledged						
										<input type="checkbox"/> Pending for Dematerialisation					<input type="checkbox"/> Frozen.						
										<input type="checkbox"/> Pending for Rematerialisation					<input type="checkbox"/> Lock-in.						
First / Sole Holder						Second Holder						Third Holder									
Signature*																					

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

Branch verification: -

- 1) BO(s) Signature (s) verified
- 2) There are no holdings
- 3) All charges have been recovered & no dues outstanding.

for Bank of Baroda

(Branch) Participant Seal:

Authorized Signatory

Date:

======(Please Tear Hear)=====

Application No

Acknowledgement Receipt

Date: -

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

DP ID	1	3	0	1	8	7	0	0	Client ID											
Name of the Account Holder/s																				
Reason for Closure																				

Instructions to Account Holder(s)

- *Submit a duly filled RRF if the balances are to be rematerialized
- *Submit a duly-filled transfer form (off market instruction slip) if the balances are to be transferred to another A/c.

for Bank of Baroda

(Branch) Participant Seal

Authorized Signatory