

**ANNEXURE Q**

**FORM 34**



**APPLICATION FOR CLOSING AN ACCOUNT  
(For Beneficiary Account only)**

To,  
Eureka Stock & Share Broking Services Ltd  
1101, Merlin Infinite, DN-51, Sector-V,  
Salt Lake City  
Kolkata 700 091  
DP ID: IN302105

Date	D	D	M	M	Y	Y	Y	Y
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**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:** \_\_\_\_\_

**3. Client ID** (of account to be closed) 

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**4. Please tick the applicable option(s)**

<input type="checkbox"/> <b>Option A</b> [There are no balances / holdings in this account ]	
<input type="checkbox"/> <b>Option B</b> [Transfer the balances / holdings in this account as per details given]	<input type="checkbox"/> Transfer to my / our own account <i>(Provide target account details and enclose Client Master Report of Target Account)</i>
	<input type="checkbox"/> Transfer to any other account <i>(Submit duly filled Delivery Instruction Slip signed by all holders)</i>
	<input type="checkbox"/> <b>Option C</b> [Rematerialise / Reconvert <i>(Submit duly filled Remat / Reconversion Request Form-for mutual fund units)</i> ]

Target Account Details									
[ ] NSDL	DP ID								
[ ] CDSL	ClientID								

**5. Signature(s)**

Sole / First Holder	
Second Holder	
Third Holder	

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Acknowledgement																	
We hereby acknowledge the receipt of the your request for closing the following Account subject to verification:																	
DP ID	<table border="1" style="display: inline-table;"> <tr> <td>I</td><td>N</td><td>3</td><td>0</td><td>2</td><td>1</td><td>0</td><td>5</td> </tr> </table> Client ID <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>	I	N	3	0	2	1	0	5								
I	N	3	0	2	1	0	5										
Name of Sole / First Holder																	
Name of Second Holder																	
Name of Third Holder																	
<b>Signature of the Authorised Signatory</b>	<b>Seal/ Stamp of Participant</b>																
<b>Date</b>																	