

ANNEXURE QA
APPLICATION FOR CLOSING AN ACCOUNT
(For Clearing Member Account only)

To,
NDA Securities Limited
E - 157,
Kalkaji
New Delhi - 110019
DP ID : IN303663

Date	D	D	M	M	Y	Y	Y	Y
-------------	---	---	---	---	---	---	---	---

1. I / We hereby request you to close my/our account with you as per following details:

Name of the Clearing Member								
Client ID								
DP ID	I	N						
CM-BP ID								
CC-CM ID								

2. Reason/s for Closure

<input type="checkbox"/> Shifting of Account <input type="checkbox"/> Others (Please specify, _____)
<p>Note for Participant : In accordance with stipulated procedure for Account Shifting of Clearing Member, if the reason for closure is "Shifting of Account," Participant must close account in the DPM System only after receipt of confirmation from NSDL</p>

5. Signature(s)

Name of the Authorised Signatories	Signature(s)

=====

Acknowledgement	
We hereby acknowledge the receipt of the 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 Date	Seal/Stamp of Participant