## **FORM 34**

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

To, THE KARUR VYSYA I DEMAT CELL, IV FLO NO 1, PADMAVATHI (OFF PETERS ROAD) GOPALAPURAM, CHI PH – 044 28359243- DP ID: IN303382	OOR IAR STREE ) ENNAI - 60 -46/48	ET 00 086	lose 1	my/ou	r acco	unt wi	ith you a	as per	· follow	Date		D D	D	М	M	Y	Y		Y	Y
						Name	of the h	older	(s)											
Sole/ First Holder																				
Second Holder																				
Third Holder																				
Reason/s for Close  Client ID (of accou	nt to be clo	osed)										-				<u> </u>				
Option A [There					this ac	count	]													
Option B																				
[Transfer the balances / holdings in this account as per details given]	Transfer to my / our own account (Provide target account details and enclose Client Master Report of Target Account) Transfer to any other account (Submit duly filled Delivery Instruction Slip signed by all holders)  Transfer to my / our own account NSDL  NSDL  Cli CDSL									Targ	get A	ccou	int D	etails						
Option C [Rema	aterialise /	Reconv	vert (	Submit	duly f	illed Re	emat / R	econv	ersion F	Request	t For	m-fo	r mu	tual fi	und u	nits)]				
. Signature(s)																				
Sole / First Holder																				
Second Holder																				
Third Holder																				
TATe houghts a also assisted	+h		h a				Acknow				la i a ai		: C:							
We hereby acknowled	ge the rece	eipt of t	ne yo	our req	uest 10	r ciosi	ng the ic		_	ount su	bjec	t to v	eriii	cation	1:					
DP ID								Clie	nt ID											
Name of Sole / First H																				
Name of Second Holde																				
Name of Third Holder																				
Signature of the Auth	norised Sig	gnatory	y											Sea	I/ Sta	amp (	of Pa	rtici	pant	