



**APPLICATION FOR CLOSING AN ACCOUNT**

CLIENT ID: 

--	--	--	--	--	--	--	--

PHONE NO 28518265/69. e-MAIL: kvbdp@kvbmail.com

DP ID	SUBMITTED AT	DATE
I N 3 0 3 3 8 2		D D M M Y Y Y Y

**(FOR BENEFICIARY ACCOUNT ONLY)**

To  
 THE KARUR VYSYA BANK LTD  
 Demat cell, First floor  
 37, whites road  
 Chennai - 600 014

Dear Sir,  
 I/We hereby request you to close my/ our following account with you:

CLIENT ID	NAME(S) OF THE HOLDERS	SIGNATURE(S)
SOLE/ FIRST HOLDER		
SECOND HOLDER		
THIRD HOLDER		

ACCEPTED BY	BILL AMOUNT	BILL AMOUNT RECEIVED ON	CLOSED BY
DATE	DATE	DATE	DATE
TIME	TIME	TIME	TIME

- Instructions:
1. Relevant portions to be filled in.
  2. Please strike off as Not Applicable whatever is not applicable

-----✂-----✂-----✂-----✂-----✂-----✂-----✂-----✂-----

**ACKNOWLEDGEMENT**

RECEIPT NO		DATE							
------------	--	------	--	--	--	--	--	--	--

We hereby acknowledge receipt of your instruction for closing the following account:

CLIENT ID	NAME(S) OF THE HOLDERS		
SOLE/ FIRST HOLDER			
SECOND HOLDER			
THIRD HOLDER			
DATE OF SUBMISSION	ACCEPTED BY (NAME)	DATE	SIGNATURE