



D-MAT ACCOUNT CLOSING APPLICATION FORM

-----Branch

Date: -----

Please Close my/our D-MAT Account NO: DP ID

1	3	0	1	3	9	0	0
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Client ID

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Name

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All Unused cheque No: ----- to----- are enclosed herewith.

Reason for closing

Signature(s)/stamp of Account Holder

For Official Use Only

Account Closed

Account not closed due to

Prepared/Closed by

Checked by

Approved by