REGISTERED OFFICE: Shop No.613, Aaron Spectra, Opp. Rajpath Club, Rajpath Rangoli Road, Ahmedabad, Gujarat, 380054
CORPORATE OFFICE: Shop No.604, Aaron Spectra, Rajpath Rangoli Road, Ahmedabad, Gujarat, 380054.
CONTACT NO: +918141031208 | **EMAIL:** dpservices@miraclesfintech.com | **WEBSITE**: www.miraclesfintech.com

Miracles Fintech

ACCOUNT CLOSURE REQUEST FORM ☐ DEMAT ☐ TRADING ☐ TRADING & DP

Application No.		Date (dd/mm/yyyy)								
Closure Initiated by	☐ BO ☐ DP ☐ CDSL									

To be filled by the BO (in case of BO - initiated closure). Please fill all the details in **BLOCK LETTERS** in English.

Dear Sir / Madam,

I / We the Sole Holder / Joint Holders / Guardian (in case of Minor) / Clearing Member request you to close my/our account with you from the date of this application. The details of my/our account are given below:

ACCOUNT HOLDERS DETAILS

DP ID									Client ID								
TRADING CODE		BRANCH CODE		SUB-BROKER CODE	
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Name of First / Sole Holder	
Name of Second Holder	
Name of Third Holder	
Address for Correspondence	
City	State	Pin Code

DETAILS OF REMAINING SECURITY BALANCES IN THE ACCOUNT (IF ANY)

Reasons for Closing the Account	

Balance remaining in the account (if any) to be :

☐ Partly rematerialised and partly transferred ☐ Rematerialised
☐ Transferred to another account (Number given below) ☐ Not Applicable

DP ID									Client ID								

Balance present in account for (To be filled by DP, if applicable)

☐ Ear - marked ☐ Pledged
☐ Pending for Dematerialisation ☐ Frozen
☐ Pending for Rematerialisation ☐ Lock - In

DECLARATION: In case of Account Closure due to SHIFTING OF ACCOUNT:
I/We declare and confirm that all the transactions in my/our demat account are true/ authentic.

	First/Sole Holder	Second Holder	Third Holder
Name			
SIGNATURE			

*If DP or CDSL initiates account closure, Signature(s) of account holder(s) not required.

(Please Tear Here)

Acknowledgement Receipt

Application No.: **Date:**

We hereby acknowledge the receipt of the your instruction for Closing the following Account subject to verification:

DP ID									Client ID								

Name of First / Sole Holder	
Name of Second Holder	
Name of Third Holder	
Reason for Closure	

Instructions to Account Holder(s):

- Submit a duly-filled RRF if the balances are to be rematerialised.
- Submit a duly-filled Delivery Instruction Slip [DIS] (off market instruction slip) if the balances are to be transferred to another Account. This requirement is not applicable in the case of **"SHIFTING OF ACCOUNT"**

For MIRACLES FIN-TECH PRIVATE LIMITED