

Form 34
APPLICATION FOR CLOSING AN ACCOUNT
(For Beneficiary Account only)

To,

DP ID: IN303964

Date:

DP Name: TJSB Sahakari Bank Ltd

DP Address: First floor, People's Education Society Building,
 Ram Maruti Road, Naupada Thane-West - 400602

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

Name of the holder(s)	
Sole/ First Holder	
Second Holder	
Third Holder	

2. Reason/s for Closure of depository account: _____

3. Client ID (of account to be closed):

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4. Please tick the applicable option(s)

<input type="checkbox"/> Option A [There are no balances / holdings in this account]																																										
<input type="checkbox"/> Option B [Transfer the balances/ holdings In this account as per details given]	<input type="checkbox"/> Transfer to my/our own account (Provide target account details and enclose Client Master Report of Target Account) <input type="checkbox"/> Transfer to any other account (Submit duly filled Delivery Instruction Slip signed by all holders)																																									
	<table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="width: 40px;"><input type="checkbox"/> NSDL</td> <td style="width: 40px;">DP ID</td> <td style="width: 20px;"></td><td style="width: 20px;"></td> </tr> <tr> <td><input type="checkbox"/> CDSL</td> <td>Client ID</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	<input type="checkbox"/> NSDL	DP ID																			<input type="checkbox"/> CDSL	Client ID																			
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<input type="checkbox"/> Option C [Rematerialise / Reconvert (Submit duly filled Remat / Reconversion Request Form-for mutual fund units)]																																										

5. Signature(s)

Sole/ First Holder	
Second Holder	
Third Holder	

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Acknowledgement Receipt																			
DP ID	I	N	3	0	3	9	6	4	Client ID										
Name of First/Sole Holder																			
Name of Second Holder																			
Name of Third Holder																			
Signature of the Authorised Signatory															Seal/ Stamp of Participant				