



INDOC No.	
Application No.	

DP ID No. : 13019300
SEBI Regn. No.: IN-DP-CDSL-80-2000

State Bank of India

DP Centralised Processing Cell, CMC House, C-18, Bandra-Kurla Complex, Bandra (East), Mumbai 400 051.
• Help Desk: 1800 22 0488 (Toll free for MTNL/BSNL users) / Ph.: 022-26592123 • Fax : 022-26592127 • Email : querydp@sbi.co.in

ACCOUNT CLOSURE REQUEST FORM (CDSL)

Date

D	D	M	M	Y	Y	Y	Y
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Closure Initiated by	<input type="checkbox"/> BO	<input type="checkbox"/> DP	<input type="checkbox"/> CDSL
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(To be filled by the BO. Please fill all the details in Block Letters in English)

To
State Bank of India
DPCPC - DPID - 13019300
Mumbai.

Dear Sir / Madam,
I/We the sole Holder/ Joint Holder / 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 Holder's Details

DP ID	1	3	0	1	9	3	0	0	BO ID								
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Name			
Signature*			
	First / Sole Holder	Second Holder	Third Holder

Address for Correspondence							
City	State	Pin					
Reasons for Closing the Account							
Balance remaining in the account (if any) to be :							
<input type="checkbox"/> Partly rematerialised & Partly transferred		<input type="checkbox"/> Rematerialised		<input type="checkbox"/> Not applicable			
<input type="checkbox"/> Transferred to another account							
DP ID		Client ID					
Status of balance present in a/c for (To be filled by DP, if applicable)		<input type="checkbox"/> Earmarked		<input type="checkbox"/> Pledged			
		<input type="checkbox"/> Pending for Dematerialisation		<input type="checkbox"/> Frozen			
		<input type="checkbox"/> Pending for Rematerialisation		<input type="checkbox"/> Lock-in			

Signature Verified and Certified that all the dues have been recovered

Approved for Closure

Branch Name

for State Bank of India

Branch Code

Signature verified

Name & Signature of Authorised Bank Official

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

ACKNOWLEDGEMENT RECEIPT

State Bank of India

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Date

D	D	M	M	Y	Y	Y	Y
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We hereby acknowledge the receipt of your instruction for closing the following Account Subject to verification :

DP ID		BO ID					
Name							
	First / Sole Holder	Second Holder	Third Holder				
Reasons for Closing the Account :							

Name & Signature of Authorised Bank Official

Branch Name

Branch Code

Instructions to Account Holder (s)

Submit a duly-filled RRF if the balances are to be rematerialized.
Submit duly-filled transfer form (off market instruction slip) if the balance are to be transferred to another A/c.