

ANNEXURE Q

**APPLICATION FOR CLOSING AN ACCOUNT
(For Beneficiary Account only)**

To,

Shri Parasram Holdings Pvt. Ltd.
SPH House, B-7 Nimri Shopping Centre
Bharat Nagar, Delhi-110052

DP ID: IN302365

Date	D	D	M	M	Y	Y	Y	Y
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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 a/c (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"> <tr> <th colspan="10">Target Account Details</th> </tr> <tr> <td rowspan="2"> <input type="checkbox"/> NSDL <input type="checkbox"/> CDSL </td> <td>DP ID</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Client ID</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	Target Account Details										<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL	DP ID									Client ID							
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<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL	DP ID																												
	Client ID																												
<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									
We hereby acknowledge the receipt of the your request for closing the following Account subject to verification:									
DP ID	<table border="1"> <tr> <td>I</td><td>N</td><td>3</td><td>0</td><td>2</td><td>3</td><td>6</td><td>5</td> </tr> </table>	I	N	3	0	2	3	6	5
I	N	3	0	2	3	6	5		
Client ID	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>								
Name of Sole / First Holder									
Name of Second Holder									
Name of Third Holder									
Signature of the Authorised Signatory	Seal/ Stamp of Participant								
Date									