

**ANNEXURE Q**

**APPLICATION FOR CLOSING AN ACCOUNT**

( For Beneficiary Account only)

To,  
**Farsight Securities Ltd**  
 17-A/55, Triveni Plazal,  
 Gurudwara Road, Karol Bagh,  
 New Delhi - 110005

Date									
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**DP ID : IN301766 & 301758**

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

**5. Signature(s)**

Sole / First Holder	
Second Holder	
Third Holder	