



ANNEXURE QA
APPLICATION FOR CLOSING AN ACCOUNT
 (For Clearing Member Account only)

Dayco Securities Pvt. Ltd.

Regd. Off. : 7, Lyons Range, Kolkata - 700 001, Phone : 2231 3452, 2230 2066
 Corp. Off. : Poddar Point, 'B' Block, 7th Floor, 113, Park Street, Kolkata - 700 016
 Ph. : 40675066, 5074, 5075 • Fax : 91-33-2226-7538
 e-mail : contact@daycoindia.com, website : http://www.daycoindia.com
 DP id : IN 300 263

Date	D	D	M	M	Y	Y	Y	Y
------	---	---	---	---	---	---	---	---

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

Name of the Clearing member								
Client ID								
DP IP	I	N						
CM-BP ID								
CC-CM ID								

2. Reason for Closure
 (Please tick)

Shifting of Account

Others
 (Please specify, _____)

Note for Participant :
 In accordance with stipulated procedure for Account Shifting of Clearing Member, if the reason for closure is "Shifting of Account," Participant must close account in the DPM System only after receipt of confirmation from NSDL.

3. Signature (s)

Name of the Authorised Signatories	Signature(s)

=====

Acknowledgement

We hereby acknowledge the receipt of the your request for closing for the following Account subject to verification :

DP ID		Client ID	
CM-BP-ID		CC-CM-ID	
Name of Clearing Member			
Signature of the Authorised Signatory			Seal /Stamp of Participant
Date			