# FORM 34

## Application for Closing an Account

(For Beneficiary Account only)

IndiaBonds
A Bond in Every Hand

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

To,

India Bond Private Limited

DP ID: IN305103

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 (optional)** _____

**3. Client ID** (of account to be closed) | | | | | | | | |

**4. Please tick the applicable option(s)**

☐**Option A** [There are no balances / holdings in this account ]

| ☐ **Option B** [Transfer the balances /holdings In this account as per details given] | | **Target Own Account Details** | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | ☐NSDL | DP ID | | | | | | | | |
| | | ☐CDSL | Client ID | | | | | | | | |

**5. Signatures**

| Sole//First Holder | |
|---|---|
| Second Holder | |
| Third Holder | |

| Acknowledgement | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| We hereby acknowledge the receipt of your request for closing the following Account subject to verification: | | | | | | | | | | | | | | | | | |
| DP ID | | | | | | | | | Client ID | | | | | | | | |
| Name of Sole/First Holder | | | | | | | | | | | | | | | | | |
| Name of Second Holder | | | | | | | | | | | | | | | | | |
| Name of Third Holder | | | | | | | | | | | | | | | | | |

| **Signature of the Authorised Signatory** | **Seal/Stamp of India Bond Private Limited (Participant)** |
|---|---|
| **Date** | |