



ANNEXURE Q
APPLICATION FOR CLOSING AN ACCOUNT
(For Beneficiary Account only)

To,
(Depository Participant-NSDL) **DP ID IN303622**
Orbis Financial Corporation Limited
4A, Ocus Technopolis
Sector 54, Golf Club Road
Gurgaon - 122 002

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)

☐ Option A [There are no balances/Holdings in this account]																						
☐ Option B [Transfer the balances /holdings in this account as per details given]	☐ Transfer to my /our own account (Provide target account details and enclose Client Master Report of Target Account)																					
	☐ Transfer to any other account (Submit duly filled Delivery Instruction Slip signed by all holders)																					
	<table border="1"><thead><tr><th colspan="2">Target Account Details</th></tr></thead><tbody><tr><td>☐ NSDL</td><td>DP ID <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></td></tr><tr><td>☐ CDSL</td><td>Client ID <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></td></tr></tbody></table>	Target Account Details		☐ NSDL	DP ID <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									☐ CDSL	Client ID <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							
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☐ Option C [Rematerialise /Reconvert (Submit dully filled Remat /Reconversion Request Form-for mutual fund units)]																						

5. Signature (s)

Sole/First Holder	
Second Holder	
Third Holder	

Acknowledgement

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

DP ID	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									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 Authorized Signatory				Seal/Stamp of Participant															
Date																			